

Asselife Personal Loan Policy Claim Form

In respect to a critical illness claim

SECTION A: INSURED DETAILS

This declaration will form the basis on which your claim is assessed. Please ensure that each question is answered and the information given is complete and accurate. Any misstatement could be used as a basis for the claim not being admitted.

Title	<input type="text"/>	Full names	<input type="text"/>		
Surname	<input type="text"/>				
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Gender	<input type="checkbox" value="M"/> <input type="checkbox" value="F"/>	Identity number	<input type="text"/>
Address	<input type="text"/>			Postal code	<input type="text"/>
Cell phone number	<input type="text"/>	E-mail address	<input type="text"/>		
Telephone number (home)	<input type="text"/>	Policy Number	<input type="text"/>		

SECTION B: NOMINATED CREDIT PROVIDER DETAILS

Credit provider	Financing agreement account number	Outstanding loan balance	Credit provider contact person name and surname	Credit provider contact person contact number

SECTION C: CRITICAL ILLNESS DETAILS

Date diagnosed with critical illness When did the condition first start that caused the critical illness?

Provide a description of the critical illness

Was the critical illness caused by an accident? Yes No

If the answer to the question above is 'yes' then please provide details of the accident

Date of accident causing the injury

SECTION D: DETAILS OF MEDICAL PRACTITIONERS

General Practitioner

Full names	<input type="text"/>	Date first seen	<input type="text" value="DD/MM/YYYY"/>
Surname	<input type="text"/>		
Telephone number	<input type="text"/>		

Specialist

Full names	<input type="text"/>	Date first seen	<input type="text" value="DD/MM/YYYY"/>
Surname	<input type="text"/>		
Telephone number	<input type="text"/>		
Speciality	<input type="text"/>		

Specialist

Full names	<input type="text"/>	Date first seen	<input type="text" value="DD/MM/YYYY"/>
Surname	<input type="text"/>		
Telephone number	<input type="text"/>		
Speciality	<input type="text"/>		

SECTION E: SUPPORTING DOCUMENTATION REQUIRED

The following documents must be submitted with the claim form:

1. Copy of the insured ID document.
2. Medical report completed by the doctor who treated the life insured.
3. Medical reports supporting the critical illness as well as copies of any test results or pathology results.
4. Nominated credit provider statements reflecting account details and latest outstanding balance.

SECTION F: DECLARATION

I declare to the best of my knowledge that all the particulars given on this claim form are true and correct, and that no material information has been withheld or omitted.

I hereby authorise any medical practitioner, hospital or any other person who has information about my health to provide such information to Zestlife or any interested party nominated by Zestlife who requires this information for the purpose of assessing my claim.

I hereby authorise Zestlife to furnish any medical information contained in medical reports or otherwise which they have obtained in the course of the assessment of my claim, to any medical practitioner or allied medical practitioner (eg occupational therapist, physiotherapist or psychologist) who may require such information for the purpose of assisting Zestlife in the assessment of my claim.

Signature _____

SECTION G: PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, We will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilised by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.
