

Main Member/Claimant Declaration

I hereby declare that the person mentioned under claim details is nominated under the above-mentioned policy, that all the particulars given are true and complete, and that his / her / my incapacitating condition was not wholly or partly, directly or indirectly caused by the contingencies mention in the exclusions under the conditions of the disability provisions attached to the policy in question.

I further declare that the above statements and answers to the questions under the relevant sections are true and completed in full, that I/we have not withheld any material information and that I/we undertake to furnish any documentation which may be required by the Insurer. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or any other person attended or examined the patient/deceased or any institution in which the patient/deceased received treatment to disclose any knowledge or information which was thereby acquired and I/we authorise all such persons or agencies to furnish any information in their possession to the Insurer or its authorised representative.

I hereby authorise any hospital, physician or other person who has attended or examined me or my dependants to furnish to Constantia Insurance Company Limited/ Constantia Life and Health Assurance Company Limited or its authorised representative any information with respect to any illness or injury medical history consultation prescriptions or treatment and copies of all hospital or medical records.

Signature of Main Member

Date

Signature of Witness

1.

Signature of Claimant

Date

Signature of Witness

2.

Payment Instructions

Method of benefit payments (Please ✓ the appropriate block)

NB: Constantia Insurance Company Limited will not be liable for the loss of funds due to the provision of incorrect banking details by the claimant

Please pay the benefit by EFT directly into the following bank account quoting Reference
And advise Shanaaz Mathee when the payment is made (Tel: 011 722- 8010)

Bank Account Details

Account Holder Name:

Kelly Group Ltd

Name of Bank

FNB

Type and Number of account

Current Account 6202 4213 168

Branch Name

Johannesburg Corporate Branch

Branch Code

25 50 05

For Office Use Only

Received by Ambledown Risk and Underwriting Managers (Pty) Ltd

Claim number/s

NB: Funeral Plan Benefit Claim – Please ensure you have provided the necessary documents/information listed below;

Completed details of claim form Original (most preferred) or certified death certificate & ID Police accident report where applicable

Please fax your claim form and accompanying documents to Ambledown Fax no. 011 463 1665 Telephone no. 011 300 1500