

PinnAfrica

Insurance Underwriting Managers

Block A, 1st Floor, The Ambridge Office Park, 1 Vrede Avenue, Epsom Downs, Douglasdale, 2021
PO Box 98758, Sloane Park, 2152 – Tel: 010 007 0069 – Fax: 086 415 6308
Email: claims@pinnafrica.co.za – Website: www.pinnafrica.co.za
PinnAfrica Insurance Underwriting Managers (Pty) Ltd. (2007/035443/07). FSP Number 39123
Directors: NC Du Piesanie, N Wearne, JJ Pearson
Non-executive Director: K Sicwebu

DIRECTIONS TO CLAIMANT

Dear Claimant

To make a claim for a benefit under the policy you must read this document carefully and ensure that you understand what is required of you. Should you have any questions on what to do or how to submit your claim you should contact us on the above numbers. Before you complete any forms you must ensure that you have read the policy document thoroughly and that the relevant cover exists under the policy.

You must be aware that any omission or misstatement on the forms may lead to the claim being declined. You or any other person completing the forms must do so as honestly and truthfully as possible. You must make sure that you provide as much details as possible when answering the questions. In the case of a deliberate omission or misstatement that may influence the outcome of the claim, a case of fraud may also be instituted against yourself or the person completing the form. You must also convey this to the doctor or employer when completing the forms.

You must ensure that you have enclosed copies of all relevant reports and documents, as failure to do so may delay the processing of the claim. Where we have requested copies of medical reports or laboratory and other results, it is your responsibility to ensure that these are forwarded to us. Once we have reviewed the claim we may request additional information. It is your responsibility to forward us that information as quickly as possible. No decision may be made on a claim if any requested information is outstanding.

Below we have illustrated a table of what forms must be completed. We have also indicated what other documents must be submitted with your claim. Please ensure that you submit completed and signed copies of all the forms requested, and all the documents required. Where unable to do so please advise us of the reason/s to enable us to assist, give further instructions / assistance.

Once we have received the initial claim documentation we will inform you of any further requirements or our decision. You must be aware that the completion of any forms and the submission of a claim in no way constitute an admission of liability on the insurer.

Kindly return personal statement within 30 days of notification and all other documents as soon as possible. We thank you for your assistance in this matter.

Forms Required	TYPE OF BENEFIT
	Retrenchment Benefit
Declaration of Consent	X
Personal Statement by Claimant	X
Documents Required	
Certified Copy of Identity Document (Claimant & Policy holder if not same person)	X
Letter from Employer detailing Retrenchment	X
Contract of Employment	X
IRP5	X
Salary Slip	X
Evidence / Confirmation of Job Seeking (Min 2)	X
CCMA Documents	X
Legal Standing to claim if not Policy Holder (E.g. Appointed Executor)	X
Job Description from Employer	X

Finance Documents Required	Retrenchment Benefit
Contract/Installment Sale/Lease Agreement	X
Detailed Statement	X
Amortisation/Repayment Schedule	X
Dealers Tax Invoice	X
Application for Finance	X

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Declaration of Consent

Policyholder's Personal Details

Name & Surname: _____

Date of Birth:

D	D	M	M	Y	Y
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 ID No: _____

Policy No: _____

Medical Aid: _____ Medical Aid No: _____

To facilitate the assessment of the risk and the consideration of any claim for benefits, under the aforementioned policy I irrevocably authorize PinnAfrica to obtain from any person, institution or organization, any information which PinnAfrica deems necessary for the assessment of my claim.

I hereby authorize any medical practitioner, hospital, institution, pharmacy, my employer, my medical aid scheme or any other person who has any information of whatsoever nature relating to my health, to provide such information to an authorized representative of PinnAfrica who requires this information for the purposes of assessing my claim.

I hereby authorize PinnAfrica to release or disclose any medical information relating to my health and my claim to any party who may require such information for the purposes of assessing my claim for benefits.

I further indemnify the aforementioned party / parties and the insurer against any loss, damage or injury that I may incur in any manner whatsoever, directly or indirectly, as a result of disclosing such information

Policy Holder Signature

Date

or

Duly Authorized Signatory / Next of Kin

Date

Full Name of Authorised Signatory / Next of Kin

Relationship to claimant

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IMPORTANT

- Your copy of the Group Policy document will tell you whether you can make a claim.
- Make sure you answer all questions on this form, otherwise it will delay your claim.
- Our representative might have to call on you while we are looking into your claim.
- We need proof every month that you are looking for a new job.

PERSONAL STATEMENT RETRENCHMENT

Please return fully completed form within 30 days of receipt to enable us to adequately assess the validity of the claim.

Should you require any help in completing claim form, please contact us;

Part A About You

(Please fill in each box)

1. Title (such as Mr, Mrs, Miss, Ms)
2. First names
3. Surname
4. Any other surnames you have had
5. Physical and Postal Addresses, including postcode
6. Home phone number
()
7. Work phone number
()
8. E-Mail address
9. Cell phone number
10. Date of birth
/ /
11. ID Number

Part B About Your Claim

(Please fill in each box)

1. Please provide either your policy number, finance agreement number or bond account number
2. Date insurance started
3. Length of agreement in months. This does not apply for bond protection policies.
4. Monthly installment
5. Finance company or lender

To be filled in by bond protection policy holders only.

6. Do you have a joint bond? Yes No
7. If Yes, are you both insured? Yes No
8. If you have joint insurance, what percentage of benefit are you covered for? %

Part C About Your Work

(Please fill in each box)

1. What work do you normally do?
2. Please tick the description that applies to you:
Working for an employer Self-employed
3. Please give the name and address, including postcode, of the last employer you worked for
4. Phone number of the last employer you worked for
5. Works or staff number
6. How many hours a week did you work?

- 9 a. Have you claimed under this policy before for any reason? Yes No

b. If Yes, give dates and claim numbers

- 10 a. Are you claiming under any other policies with Pinnafrica Insurance? Yes No

b. If Yes, give details of policies and claim numbers

- 11 a. Are you claiming under any other policy, with another insurer, for unemployment or retrenchment, or will you be in the future? Yes No

b. If Yes, give details of insurer, policy number and claim number

9. When were you first told you would be made unemployed or retrenched?

10. Why were you made unemployed?

- 11 a. Have you worked for the same employer for more than 12 months? Yes No

b. If No, please give the name and address, including postcode, of your previous employer

12. When did you start work there?

13. When did you last work there?

7. When did you start work there?

8. When did you last work there?

14. Have you got another job? Yes No

15. If Yes, when did you start?

Part D Employer's Certificate

(To be filled in by your employer)

1. Employee's name

13. If you have employed this person before and made them unemployed or retrenched before, please give the dates of previous employment **From**

2. When did this employee start working for you?

To

3. Was the employment meant to be permanent and full time? Yes No

14. Date the employee last worked

4. Was the employee employed on a part-time or temporary basis? Yes No

15. If you have re-employed this person, when did they return to work?

5. If the employee was on a fixed-term contract, what were the dates of the contract? **From**

16. Why has this person been made unemployed?

To

6. If the employee was on a fixed-term contract, could they have reasonably expected you to renew it? Yes No

17. Was the unemployment or retrenchment voluntary? Yes No

7. Was the employee taken on for a specific job or task? Yes No

18. Your company name and address, including postcode

8. How did you tell the employee about their unemployment or retrenchment (letter, phone call or face to face)?

19. Your company phone number

9. When did you tell the employee about their unemployment or retrenchment?

20. Your company stamp

10. If the employee was paid instead of working their notice, how many weeks were they paid for?

21. Your name and position

11. Employee's gross salary (monthly)

22. Your signature

12. Is unemployment or retrenchment a regular feature of this job? Yes No

23. Date of signature

Part E Unemployment Insurance Fund

(Please fill in each box)

1. Are you claiming an unemployment benefit from UIF? Yes No

3 a. Kindly provide UIF Office address

2. Kindly provide UIF contact person's name and designation

[Empty box for contact person's name and designation]

b. UIF Office phone number

() [Empty box for phone number]

4. What date did you submit your claim to UIF?

/ / [Empty box for date]

Part F Recruitment/Employment Agencies

Please ensure that you are registered with at least TWO Recruitment/Employment Agencies and that they complete this section.

1 a. Agency One's name [Empty box]

b. Agency's phone number () [Empty box]

c. Contact person's name [Empty box]

d. Address (Company Stamp) [Empty box]

2. When did our client register with your office? / / [Empty box]

3. What types of employment is our client seeking through yourselves?
Full time Part time
Temporary Other

4. What positions has our client made himself/herself available for?
[Empty box]

5. Have you been able to locate suitable positions for our client? Yes No

6. Has our client attended any interviews arranged by yourselves? If so, on which dates and where?
[Empty box]

7 a. Has our client been offered employment? Yes No

b. If YES, was it:
Full time Part time
Temporary Other

8 a. Has our client accepted any offers of employment? Yes No

b. If YES, please provide information
[Empty box]

9. When did our client last visit your offices? / / [Empty box]

1 a. Agency Two's name [Empty box]

b. Agency's phone number () [Empty box]

c. Contact person's name [Empty box]

d. Address (Company Stamp) [Empty box]

2. When did your client register with your office? [Empty box]

3. What types of employment is our client seeking through yourselves?
Full time Part time
Temporary Other

4. What positions has our client made himself/herself available for?
[Empty box]

5. Have you been able to locate suitable positions for our client? Yes No

6. Has our client attended any interviews arranged by yourselves? If so, on which dates and where?
[Empty box]

7 a. Has our client been offered employment? Yes No

b. If YES, was it:
Full time Part time
Temporary Other

8 a. Has our client accepted any offers of employment? Yes No

b. If YES, please provide information
[Empty box]

9. When did our client last visit your offices? / / [Empty box]

10. How soon would you reasonably expect to be able to find a suitable position for our client

Approx.

10. How soon would you reasonably expect to be able to find a suitable position for our client

Approx.

Recruitment / Employment Agent's signature and date of signature

/ /

Recruitment / Employment Agent's signature and date of signature

/ /

Part G -Job Applications You Have Made

(To be filled in if you were employed)

Please list all the job applications you have made since you last worked

Contact Person, Telephone number, Name and address of company	Position you applied for	Were you offered a job?

Please attach any letters about these applications

Part H What To Do Now

- Make sure you send us a copy of:**
 - your Curriculum Vitae (CV);
 - your IRP5 (your last employer would have given this to you when you left your job);
 - the letter telling you about your retrenchment or unemployment;
 - your last contract of employment;
 - copy of installment sale agreement;
 - copy of monthly statement detailing payments;
- Make sure that:**
 - you have answered all the questions on the form that apply to you;
 - you are sending any papers that we have asked for with this form; and
 - you have read and signed the declaration and authority below.

3. **Make sure you return this claim form to us within 30 days.**

4. **The address is .**

Claims Department
Pinnafrica Life Ltd.
P O Box 98758
Sloane Park
2052

Claims Helpline: 011 - 244 1300
Facsimile Number: 086 682 7883

DECLARATION

I have become unemployed as defined in the policy and have not been working in any capacity or doing paid work during the period given. I declare that the statements I have made are true. I agree that if they are found to be untrue, I lose all my rights under the policy. I authorise you and any of your representatives to make any enquiries and obtain any information you consider relevant from me, the Recruitment / Employment Agencies, UIF or any previous employer or elsewhere. I fully understand that it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Your signature

Date of signature

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AUTHORISATION

I authorise Pinnafrica Life Ltd and any of it's representatives to make any enquiries and obtain any information they consider relevant from my past employers, Recruitment / Employment Agencies, UIF or elsewhere.

Your signature

Date of signature