

LETSATSI MATERNITY BENEFIT CLAIM FORM

Letsatsi Finance and Loan (Pty) Ltd congratulates you on the birth of your child

In order for us to process your claim, the claimant will be required to submit the **fully completed claim form** and **supporting documentation** listed below within **4 (FOUR) months** from the date of birth of your child. You may complete all the relevant details and hand it in at the **Branch** or email funeralclaims@letsatsi-insurance.co.za. For any queries, please contact Letsatsi Finance and Loan on **010 612 6398**. We may require further information and reserve our rights to request such information.

Kindly ensure copies must be clearly certified and the details of the Commissioner of Oath must be clear.

1. Proof of Birth (certified copy of Unabridged Birth certificate)
2. Mother of newborn - Proof of relationship to the policyholder (ID or affidavit)
3. Copy of bank statement or proof of bank account for payment.
4. Proof of address of the Claimant
5. ID of the Claimant

1. PRINCIPAL MEMBER DETAILS

Title		Full Names	
Surname		Inception Date	
Policy No.		Marital Status	
I.D. Number			
Postal Address			Postal code
Tel No (H)		Tel No (W)	
Cell No			

2. MOTHER'S DETAILS

Full Names		Surname	
Relation to Main Member	1. Principal member		
	2. Spouse		
I.D. Number			

3. NEWBORN CHILD'S DETAILS

Full Names		Surname	
Date of birth		Claim Amount	R3,000
I.D. Number			

4. PAYMENT INSTRUCTIONS - EFT TO BENEFICIARY (Please attach proof of account)

Name of Account Holder		Bank	
Account Number		Branch	
Account Type		Branch Code	

5. 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.

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable Us to fulfil our obligations in terms of this claim;



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 0118024073
 0864246989
 PO BOX 1207, Gallo Manor, 2052

- 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.

6. CLAIMANT DECLARATION

I hereby waive any right to privacy and authorise Letsatsi Finance and Loan (Pty) Ltd:

- to obtain from any doctor, registered healthcare practitioner, hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorize to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this claim for benefits under this Policy arising from this claim application, and;
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the Insurer or by the operators of such database; and to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary to assess this claim; and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.

SIGNATURE: _____

DATE: _____

FOR INTERNAL USE ONLY			
Amount Due		Processed By	
Less Deductions		First Approval	
Total Paid		Final Approval	