

## MABHUQA SOGODI CAR TYRE CLAIM FORM

To claim, please complete this form and send it back to us by email, or hand it in at your nearest Mabhuqa Sogodi Client Services Branch as follows:

**Email:** [sibusisokhanyile59@gmail.com](mailto:sibusisokhanyile59@gmail.com)

**Head Office Address:** 500 Jan Bantjies Road Montana Pretoria 0182

**Branch Office Address:** Lungelani Primary School P O Box 748 Nkandla 3855

Attach the following **minimum** documents to the completed claim form:

1. Proof of identity of the policyholder or claimant (copy of ID or copy or copy of passport)
2. Proof of Policy and copy of policy provided when taking car tyre cover
3. Proof of banking details.

**\*Kindly note that additional documents may be required dependent on the type and merits of the claim. Please refer to Annexure A or contact us for further assistance on**

**0835077872 or 079 557 1002**

Administrator/Intermediary \_\_\_\_\_ Name

\_\_\_\_\_

Scheme Name \_\_\_\_\_

Scheme Number \_\_\_\_\_

| A. Details | of | Policy | Holder | /Claimant | Policy | Number |
|------------|----|--------|--------|-----------|--------|--------|
|------------|----|--------|--------|-----------|--------|--------|

|      |  |       |  |   |  |         |
|------|--|-------|--|---|--|---------|
| Full |  | Names |  | & |  | Surname |
|------|--|-------|--|---|--|---------|

\_\_\_\_\_

|     |  |          |  |  |  |         |
|-----|--|----------|--|--|--|---------|
| ID/ |  | Passport |  |  |  | number  |
|     |  |          |  |  |  | Date of |

\_\_\_\_\_

Birth \_\_\_\_\_ Y Y Y Y / M M / D D

Relationship \_\_\_\_\_ to \_\_\_\_\_ the \_\_\_\_\_ deceased

\_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

Physical \_\_\_\_\_ Address \_\_\_\_\_

Code \_\_\_\_\_ Postal \_\_\_\_\_

**NB PLEASE ATTACH CONFIRMATION OF ACCOUNT AND BANK STATEMENT**

\_\_\_\_\_  
Y Y Y Y / M M / D D

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

**D. Declaration By Claimant**

I hereby indemnify Mabhuqa Sogodi against all claims by any party for any benefits or monies, loss or damages incurred or suffered, in respect of, or caused by, any representation made by me to Mabhuqa Sogodi and/or the payment by Mabhuqa Sogodi to the above-named beneficiary of any claim in respect of the deceased's death. I further confirm that I am the authorized person to claim any policy benefits due under the above-mentioned policy. FICA Validation:

The validity of this claim is subject to the fulfilment of party due diligence obligations of Mabhuqa Sogodi Insurance Company Limited under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable

\_\_\_\_\_  
Y Y Y Y / M M / D

D  
Signature Of Claimant \_\_\_\_\_ Date \_\_\_\_\_

Your policy is underwritten by Mabhuqa Sogodi Insurance Company Limited, a licensed insurer conducting life insurance business and authorized Financial Services Provider, FSP number 000000 • www.Mabhuqasogodi.co.za is authorized to sell the following products: **Long-term Insurance: Subcategory A, 81, 82** • Mabhuqa Sogodi holds professional indemnity and fidelity insurance cover.

**OPS2205\_0000 Mabhuqa Sogodi Funeral Claim Form**