Cancer Claim Form

Evolution Life is a division of OPCO 365 (Pty) Ltd, a registered Financial Services Provider (FSP9945) with Reg. No. 2001/004440/07
and underwritten by Old Mutual Alternative Risk Transfer Limited ("OMART") a licensed Life Insurer
P O Box 19610, Tecoma, 5210

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: creditlife@evolution.za.com
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realclaims@evolution.za.com

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Evolving cover. For life.

A. HOW TO COMPLETE THE APPLICATION FORM

1. Please complete the form in black ink and in block letters.
2. This form must be completed by the Main Life Assured (person with cancer) or a duly appointed representative.
3. Submit all forms to Evolution Life using any of the above contact details.
4. To assess the claim fully, the following documents are required.

CHECKLIST FOR SUBMISSION

4.1 A Medical Certificate request for Cancer completed by the treating medical specialist/physician; ☐

4.2 Histology report and other laboratory evidence; ☐

4.3 An original certified copy of identity document of the claimant; ☐

4.4 Proof of banking details, for example a bank statement with original bank stamp; ☐

4.5 Proof of residence of the claimant (e.g bank statement with a full address). ☐

Evolution Life will contact you once we have assessed the claim. Depending on the circumstances, there may be other requirements over and above those listed in this document. Please ensure that you complete this form in full and meet all the requirements set out in this form to prevent delay of claim payment.

B. PERSONAL DETAILS OF MAIN LIFE ASSURED (TO BE FULLY COMPLETED IN ALL INSTANCES)

Policy Number

Names | Surname

Date of Birth (D D M M Y Y Y Y) | ID number

Physical Address

Area Code

Home No. | Work No.

Cell No. | Fax No.

E-mail address

Occupation

Name of Employer

Contact Person at Work

Do you or have you in the past held any senior government, political, or public-sector position in South Africa (including but not limited to: minister, mayor, senior government official, judge, traditional leader, ambassador, or executive of a government department or public entity)? Yes No

C. DETAILS OF CONTACT PERSON FOR THIS CLAIM - ONLY TO BE COMPLETED IF DIFFERENT FROM THE MAIN LIFE ASSURED

Name | Surname

Relationship to Main Life Assured | ID number

Physical Address

Area Code

Home No. | Work No.

Cell No. | Fax No.

E-mail address

Do you or have you in the past held any senior government, political, or public-sector position in South Africa (including but not limited to: minister, mayor, senior government official, judge, traditional leader, ambassador, or executive of a government department or public entity)? Yes No

In the event that the Main Life Assured is incapable of managing his / her own affairs, an appointment of a curator bonis will be required in order for Evolution Life to further assess the claim.

PLEASE NOTE: That in the event of any modification or variation of this standard form, OMART through Evolution Life will regard this form as being invalid and of no force & effect.

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D. INFORMATION RELATING TO THE MAIN LIFE ASSURED'S MEDICAL CONDITION

1. Provide a brief description of the diagnosed form of cancer:

2. Please provide the date of the first positive diagnosis of cancer D D M M Y Y Y Y

3. Please provide the dates of consultations and provide full details of medical practitioners consulted:

Doctor's Name	Telephone Number	Reason For Consultation	Date of Consultation

4. Details of your regularly consulted doctors / physicians / specialists over the last 5 years:

Name	Telephone Number	Address

E. PAYMENT DETAILS

For your protection, payment will only be made by means of an Electronic Fun Transfer (EFT), which will also ensure a more prompt payment. This payment may only be made to the Main Life Assured nominated beneficiary. WE WILL REQUIRE PROOF OF ACCOUNT, e.g. CANCELLED CHEQUE OR BANK STATEMENT THAT REFLECTS THE ACCOUNT NUMBER AND NAME OF THE ACCOUNT HOLDER. PHOTOSTAT COPIES OR FAXED COPIES ARE NOT ACCEPTABLE.

Bank Name

Branch Name Branch Code Account Type: Savings Cheque Transmission

Account Number

Account Holders Name

It is very important that you provide us with the correct account number and information of the account to be credited. OMART and Evolution Life will not be held responsible for delays and/or damages incurred due to incorrect provision of information.

F. DECLARATION

I hereby warrant and declare that the foregoing answers and statements are true to the best of my knowledge and belief, and that I have withheld no material fact from OMART or Evolution Life

I agree that the written statement, histological report and other medical evidence of all the doctors who attended or treated the Life Assured and all other papers submitted in support of this claim shall constitute and are hereby made a part of this claim. I further agree that the supply of this form or of any other forms supplemental hereto by Evolution Life shall not constitute an admission by it that there is any assurance in force on the life in question or a waiver of any of its rights or defence in law.

I acknowledge and agree that any benefits payable in respect of this claim shall be forfeited if I, or anyone acting on my behalf or with my knowledge and consent, have knowingly withheld any material fact or submitted any false information in respect of the claim. I further agree that upon payment of the benefits hereby claimed, OMART shall be discharged from all liability in respect of such benefit.

I hereby authorise any medical practitioner, hospital or any other person to furnish to Evolution Life, or its representative any details relating to any illness or injury to the Life Assured or such other information as maybe necessary to consider this claim. I know and understand the confidential nature of medical information. By appending my signatures at the end of this Personal Declaration, I am agreeing that I have given permission to OMART through Evolution Life to obtain medical information and evidence from and/or through third parties without it being seen as a breach of my right of privacy and confidentiality. I further agree that any authorised medical personnel or practitioner may release confidential information to OMART through Evolution Life or other person acting on their behalf and in such manner or method as OMART may direct.

I indemnify OMART and Evolution Life and its directors, agents and employees against any claim of whatever nature which may be made against them as a result of or arising out of the furnishing of such information. Where the conditions of the contract so allow, I irrevocably authorise OMART through Evolution Life to deduct any expenses incurred by it in respect of this claim and for which I am liable from the benefits payable under the contract.

In the event that the Main Life Assured is incapable of managing his/her own affairs, an appointment of a curator bonis will be required in order for Evolution Life to further assess the claim.

Signed at (place) On (date) D D M M Y Y Y Y

Sign Here

Main Life Assured's Signature Main Life Assured's Name (Please Print)

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