

# BUSINESS ASSURANCE POLICYHOLDER CLAIM FORM

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) is a Registered South African Trust  
The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06  
(PPS Insurance) is an Authorised Financial Services Provider – License No. 1044



## IMPORTANT

PPS INSURANCE endeavours to pay all valid claim timeously. Correct completion of this form will aid the prompt processing of your claim. Should you require assistance in completing the claim form we suggest that you contact your PPS-accredited financial adviser or contact the PPS Member Services Department directly.

## CLAIM REQUIREMENTS

Claims in respect of the PPS Business Assurance Benefit should be submitted with the following supporting documents:

### 1. Business Life cover:

- Business Assurance Policyholder claim form
- PPS Business Life cover declaration by Doctor
- PPS Business Life cover declaration by Police

### 2. Accelerated Business Disability cover:

- Business Assurance Policyholder claim form
- Business Disability benefit declaration by Doctor
- Business Disability benefit declaration by the Life Insured
- Comprehensive medical report

### 3. Accelerated Business Critical Illness cover:

- Business Assurance Policyholder claim form
- Business Critical Illness cover – Doctor claim form
- Business Critical Illness cover – Declaration by the Life Insured
- Comprehensive medical report

### 4. Terminal Illness cover:

- Business Assurance Policyholder claim form
- PPS Business Terminal Illness benefit declaration by the Life Insured
- PPS Business Terminal Illness benefit declaration by Doctor

## PARTICULARS OF THE BUSINESS

Business Name:

Registration Number:

E-mail Address:

Key Business Representative Name & Surname:

Key Business Representative ID Number:

## PARTICULARS OF THE LIFE INSURED

Surname:  Initials:

ID number:

## PARTICULARS OF THE CLAIM

Please select the Business Solution for which you are claiming and provide the policy number:

SOLUTION	Buy-and-Sell Cover	Contingent Liability Cover	Credit Loan Account Cover	Key Person Cover
POLICY NUMBER				

**FOR PAYMENT OF CONTINGENT LIABILITY, CREDIT LOAN ACCOUNT AND KEY PERSON BENEFITS:**

**NOTE** Benefits will be paid into the business bank account

**BANKING DETAILS OF THE BUSINESS**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:

Name of bank:

Account number:

Branch name:

Branch code:

Type of account: Current  Savings  Cheque  Transmission

**For payments into an international bank account:**

IBAN no.:

Bank's physical address:

**FOR PAYMENT OF BUY AND SELL BENEFITS:**

**NOTE:** Benefits will be paid into the respective Policyholder's bank account.

**DETAILS FOR POLICYHOLDER 1**

**Personal particulars:**

Full names:

Surname:

ID number:  Cellular:

E-mail address:

Key Business Representative Name & Surname:

Key Business Representative ID Number:

**Bank account details:**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:

Name of bank:

Account number:

Branch name:

Branch code:

Type of account: Current  Savings  Cheque  Transmission

Percentage of business ownership:

**For payments into an international bank account:**

IBAN no.:   
  
Bank's physical address:

**DETAILS FOR POLICYHOLDER 2**

**Personal particulars:**

Full names:   
Surname:   
ID number:  Cellular:   
E-mail address:

**Bank account details:**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:   
Name of bank:   
Account number:   
Branch name:   
Branch code:   
Type of account: Current  Savings  Cheque  Transmission   
Percentage of business ownership:

**For payments into an international bank account:**

IBAN no.:   
  
Bank's physical address:

**DETAILS FOR POLICYHOLDER 3**

**Personal particulars:**

Full names:   
Surname:   
ID number:  Cellular:   
E-mail address:

**Bank account details:**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:   
Name of bank:   
Account number:   
Branch name:   
Branch code:   
Type of account: Current  Savings  Cheque  Transmission

Percentage of business ownership:

**For payments into an international bank account:**

IBAN no.:

Bank's physical address:

**DETAILS FOR POLICY HOLDER 4**

**Personal particulars:**

Full names:

Surname:

ID number:  Cellular:

E-mail address:

**Bank account details:**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:

Name of bank:

Account number:

Branch name:

Branch code:

Type of account: Current  Savings  Cheque  Transmission

Percentage of business ownership:

**For payments into an international bank account:**

IBAN no.:

Bank's physical address:

**DETAILS FOR POLICY HOLDER 5**

**Personal particulars:**

Full names:

Surname:

ID number:  Cellular:

E-mail address:

**Bank account details:**

Use the premium-paying bank account for payment of the benefits? YES  NO

If NO is selected, please provide the bank account details below:

Name of account holder:

Name of bank:

Account number:

Branch name:

Branch code:

Percentage of business ownership:

**For payments into an international bank account:**

IBAN no.:   
  
Bank's physical address:

**DECLARATION**

I/we specifically authorise PPS Insurance to communicate any requirements to my/our financial adviser which may entail providing information regarding my current medical condition YES  NO

Financial Adviser's Name:

Financial Adviser's E-mail:

**I/we certify that all the above information is true and correct and I/we authorise PPS Insurance to:**

- a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I/we understand that if I/we choose not to provide this information PPS will not be able to assess the claim for insurance.
- b) Share with other insurers and their representation body any information in the possession of PPS Insurance, either directly or through a database operated by, or for insurers as a group and authorise PPS to also collect required personal information from other insurers as exchange of information helps to waive costs and combat fraud. PPS can further process any such information in accordance or compatible with the purpose for which it was collected.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is necessary to properly underwrite, manage, assess the claim or service the policy, policy assets or myself/us. PPS Insurance may be required to disclose your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution.

AND

I/we understand that I/we can request details of the information held by my/our insurer and request its correction where appropriate.

AND

I/we authorise a doctor, hospital, medical aid or any other person to provide this information to PPS. PPS Insurance will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policy Contract.

**Signatures:**

Life Insured:   
\* If applicable

Policyholder 1:

Policyholder 2:

Policyholder 3:

Policyholder 4:

Policyholder 5:

Signed at  on this  day of  20