

ARY LOSS OF INCOME PROTECTION PROPOSAL FORM TEMPOR

TAILS AGENT DE

F. Tanyaradzwa Nyanyiwa

INSURED DETAILS

Revin Bymail. com 12/10/02 Male 27 Mugot street, zengeza 3 EMAIL ADDRESS: DATE OF BIRTH: GENDER: 0773 257 373 692033069 KHZ URNAME: Kevin Bindy M RESIDENTIAL

NEXT OF KIN DETAILS:

adonald bindy FULL NAME AND SURNAME: CONTACT NUMB

BANK DETA

23741789101 Capitec

10/01/20

DATE OF BIRTH:

287

BRANCH CODE:

						Sales Sales
			M. H. A.			
			-			
DETAILS OF DEPENDENTS	CASH PLAN SECTI	ON				
FULL NAME AND	ID NUMBER/ BIRTH ENTRY	DATE OF BIRTH	AGE	GENDER	RELATIONSHIP	
Linda Bindy	751322057	10/02/02	23	Female	Sister	
Nobert Bindu	350577065		20	Male	Brother	
						-

DOES THE PROPOSER HAVE AN EXISTING CHRONIC OR RECURRING MEDICAL CONDITION E.G. DIABETES, BLOOD PRESSURE, ETC, IF SO PLEASE GIVE DETAILS:

HAVE DIABETES

DETAILS OF CLAIMS

a) AILMENT FOR WHICH CLAIM WAS MADE:

D) CLAIM AMOUNT PAID/REJECTED:

\$ 3000

HAVE YOU EVER BEEN DECLINED HEALTH INSURANCE COVERAGE DUE TO A DIAGNOSIS OF A HEALTH CONDITIONS?

TICK WHERE APPROPRIATE: YES: NO:

Insufficient funds

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