



SOUTHERN ORACLE

MICROINSURANCE COMPANY

Protecting and Empowering

TEMPORARY LOSS OF INCOME PROTECTION PROPOSAL FORM

AGENT DETAILS

FULL NAME AND SURNAME:

Tanyaradzwa Nyanyima

AGENT NUMBER:

1301

INSURED DETAILS

FULL NAME AND SURNAME:

Kevin Bindu

TITLE:

Mr

GENDER:

Male

ID NUMBER:

692033069K42

DATE OF BIRTH:

12/10/02

CONTACT NUMBER:

0773 257 373

EMAIL ADDRESS:

kevin@gmail.com

RESIDENTIAL ADDRESS:

27 Mugoti Street, Zengeza 3

NEXT OF KIN DETAILS:

FULL NAME AND SURNAME:

donald bindu

CONTACT NUMBER:

0773 434 679

BANK DETAILS

BANK NAME:

Capitec

DATE OF BIRTH:

10/01/20

ACCOUNT NUMBER:

23741789101

BRANCH CODE:

287

SECTION B: HOSPITAL CASH PLAN SECTION

DETAILS OF DEPENDENTS

FULL NAME AND SURNAME	ID NUMBER/ BIRTH ENTRY NUMBER	DATE OF BIRTH	AGE	GENDER	RELATIONSHIP
Linda Bindu	751322057	10/02/02	23	Female	Sister
Nobert Bindu	35057706J	18/05/05	20	Male	Brother

DOES THE PROPOSER HAVE AN EXISTING INSURANCE COVERAGE WITH ANY OTHER COMPANY, GIVE DETAILS:

N/A

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:

Diabetes

b) 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: ☐

IF THE ANSWER TO THE ABOVE IS YES, STATE THE REASON:

Insufficient funds