



TRAFICC (Pty) Ltd  
 PO Box 3174, Cape Town, 8000  
 5th Floor  
 80 Strand Street  
 Cape Town, 8001  
 FSP No. 25955  
 Tel / 0861 TRAFICC  
 0861 872 3422  
 Fax / 086 574 8461  
 Email / claims@traficc.co.za

**CLAIM FORM - PROTECTION PLAN**

Policy Number: \_\_\_\_\_ (Office use only). Claim Number: \_\_\_\_\_

**SECTION A - INSURED'S DETAILS**

TITLE	MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL	( )		HOME TEL	( )	
CELL PHONE NUMBER					
E-MAIL ADDRESS					
PHYSICAL ADDRESS					
POSTAL ADDRESS (if different from above)					

**SECTION B - CLAIMANT'S DETAILS (if different from above)**

TITLE	MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL	( )		HOME TEL	( )	
CELL				E-MAIL	
PHYSICAL ADDRESS					
POSTAL ADDRESS (if different from above)					

**SECTION C - CLAIM DETAILS**

DATE OF CLAIM:	
Describe fully how the loss / damage occurred	
Have you previously suffered loss / damage?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please give details below)
Is there any other insurance covering this loss / damage / incident?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please give details below)
Police reference number, station and date reported (if applicable)	

PLEASE SEND BOTH PAGES OF THIS FORM WHEN COMPLETED WITH SUPPORTING DOCUMENTS TO:

TRAFICC (Pty) Ltd  
 P.O. Box 3174, Cape Town 8000  
 Fax: 0861 872 3422  
 E-mail: claims@traficc.co.za

INDICATE TYPE OF CLAIM & FORWARD REQUIRED DOCUMENTS LISTED FOR RELEVANT CLAIM TO TRAFICC			
<b>DEATH - NATURAL CAUSES</b> <input type="checkbox"/>			Office
Certified Death Certificate			
Certified BI-1663 Form			
Certified ID Documents			
TRAFICC Medical Claim Form			
Medical, Hospital, Specialist Reports (pertaining to cause of death)			
Report from Duly Qualified and Registered Practitioner (if applicable)			
Report from Independent Medical Specialist (if applicable)			
Finance Agreement / Contract			
<b>DEATH - UN-NATURAL CAUSES</b> <input type="checkbox"/>			Office
Certified Death Certificate			
Certified BI-1663 Form			
Certified ID Documents			
Road Accident / Police Report			
Witness Statements			
Inquest Report			
Post Mortem Report			
Finance Agreement / Contract			
<b>DREAD DISEASE</b> <input type="checkbox"/>			Office
Certified ID Documents			
TRAFICC Medical Claim Form			
Medical, Hospital, Specialist Reports (pertaining to cause of dread disease)			
Report from Duly Qualified and Registered Practitioner			
Report from Independent Medical Specialist			
Finance Agreement			
<b>TEMPORARY DISABILITY</b> <input type="checkbox"/>			Office
Certified ID Documents			
TRAFICC Medical Claim Form			
Medical, Hospital, Specialist Reports (pertaining to cause of temporary disability)			
Report from Duly Qualified and Registered Practitioner			
Report from Independent Medical Specialist			
Sick Certificate			
Letter From Employers Confirming Time Off And Salary Contribution			
UI-19 Form			
Accident / Road Accident / Police Report (if applicable)			
Salary / Pay Slips			
Bank Statements Of <b>ALL</b> Accounts (Three months certified bank statements reflecting salary paid prior to date of disability and certified bank statements every month for period booked off).			
Government Disability Benefit being paid into your bank account / bank accounts			
Finance Agreement / Contract			
<b>PERMANENT DISABILITY</b> <input type="checkbox"/>			Office
Certified ID Documents			
TRAFICC Medical Claim Form			
Medical, Hospital, Specialist Reports (pertaining to cause of permanent disability)			
Report from Duly Qualified and Registered Practitioner			
Report from Independent Medical Specialist			
Accident / Road Accident / Police Report (if applicable)			
Blood Alcohol Results (if applicable)			
Salary / Pay Slips			
Bank Statements Of <b>ALL</b> Accounts (Three months certified bank statements reflecting salary paid prior to date of disability)			
Government Disability Benefit being paid into your bank account / bank accounts			
Letter From Employer Confirming Date Boarded			
UI-19 Form			
Finance Agreement / Contract			
<b>RETRENCHMENT</b> <input type="checkbox"/> <b>Can Apply To Top-Up, RTI Or Protection Plan) Docs Required As Indicated Below</b>			Office
Certified ID Documents			
Employment Contract			
Retrenchment Letter			
UI-19 Form			
Bank Statements Of <b>ALL</b> Accounts (Three months certified bank statements reflecting salary paid prior to date of retrenchment and certified bank statements for the months requested by claims administrator).			
Confirmation of UIF being paid into your bank account / bank accounts			
Salary / Pay Slips			
Finance Agreement / Contract			
<b>Declaration</b>			
		I declare that to the best of my knowledge all the particulars given on this claim form are true and correct, and that no material information has been withheld or omitted.	
<b>Insured's Full Name</b>			
<b>SIGNATURE</b>		<b>DATE</b>	