Stangen

Menlyn Corporate Park, Block A, 175 Corobay Avenue
Waterkloof Glen Extension 11, Pretoria, 0081
PO Box 284, Menlyn 0063, South Africa
Tel +27 (10) 590 7700 Fax +27 (86) 471 6539 enquiries@stangen.co.za

Critical illness claim form

Once you've completed the form, please email it to claims@stangenlife.co.za; or fax it to us at 087 942 725 and our claims team will take it from there; or phone us on 010 020 7655.

Particulars of the insured			
Policy Number			
Surname			
First Names			
Title	☐ Miss ☐ Mrs ☐ Mr ☐ Dr ☐ Prof	Initials	
ID. Number			
Postal Address			
		Postal Code	
Physical Address			
		Postal Code	
Telephone (w)		Fax (w)	
Telephone (h)		Fax (h)	
Cell-phone			
Email Address			
Medical Aid		Medical Number	

Critical illness details	
Based on the policy conditions and definitions of the critical illness, for which are you claiming	
Have you submitted a critical illness claim before	☐ Yes ☐ No
If yes, please provide details and date of claim	
On what date did the symptoms of the critical illness for which you are claiming for start	
On what date did you first consult a medical pratitioner in connection with your current condition	
On what date was your critical illness first diagnosed	

State the names, addresses and dates of all doctors, hospitals and clinics consulted in connection with your condition, (please provide hospital or clinic reference numbers)				
A.	Doctor			
	Hospital/clinic			
	Address			
			Postal Code	
	Date attended		Ref. Number	
B.	Doctor			
	Hospital/clinic			
	Address			
			Postal Code	
	Date attended		Ref. Number	
C.	Doctor			
	Hospital/clinic			
	Address			
			Postal Code	
	Date attended		Ref. Number	

Details of the doctor who is currently treating your condition			
Surname			
Physical Address			
		Postal Code	
Telephone (w)		Initials	

Bank details of claimant	
Bank	
Account holder	
Account no.	
Account type	
Branch code	
Branch name	

Signature

Date

Declaration and authorisation by the claimant	
Policy Schedule Number	

Declaration

I/we _____ declare that to the best of my/our knowledge all the information that I/we have given in this claim form is accurate and complete and that I/we have not withheld any information which could influence the decision on this claim. I/we further declare that I/we understand that my/our failure to disclosre relevant information in respect of this claim may invalidate the claim. I/we acknowledge that I/we fully understand the contents of this declaration.

I/we acknowledge that I/we fully understand the contents of this declaration.

Authorisation

I/we hereby authorise Stangen or any of its representatives to obtain any information regarding this policy from any doctor, insurer or elsewhere that may be necessary to investigate this claim. I/we further authorise Stangen or any of its representatives to release any information regarding to this claim to any other interested parties that it deems necessary in respect of this claim.

I/we warrant that I am/we are legally entitled to the proceeds under this policy and that my/our estate(s) are solvent and have not been ceded or sequestrated.

Signed on_____ day of _____ 20 _____.

_____
Signature