



**HOPECARE**  
H O L D I N G S  
enabling constant

## CLAIM FORM: ACCIDENT REPORT

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**AFRICAN UNITY**  
L I F E

**NAME OF GROUP SCHEME:**  
HOPECARE HOLDINGS

All Policies Administered and Underwritten by African Unity Life is an authorised Financial Services Provider, FSP No. 8447

### 1: DETAILS OF THE SCHEME

|             |  |             |  |
|-------------|--|-------------|--|
| Scheme Name |  | Scheme Code |  |
|-------------|--|-------------|--|

### 2: DETAILS OF THE PRINCIPAL INSURED

|             |  |               |  |
|-------------|--|---------------|--|
| Surname     |  | Name          |  |
| I.D. Number |  | Policy Number |  |

### 3: DETAILS OF THE DECEASED

|                  |        |                   |  |
|------------------|--------|-------------------|--|
| Title            |        | Surname           |  |
| Full Names       |        |                   |  |
| I.D. Number      |        | D.O.B             | DD MM YY ..... / ..... / .....           |
| Principal Member | Spouse | Common law spouse | Child Student Extended Family Member     |
| Date of Death    |        | Cause of Death    | Vehicle Accident Drowning Shooting Other |
| Benefit Amount   | R      | Comments          |  |

### 3: PARTICULARS OF THE DEATH CLAIM

|  |     |                |  |
|--|-----|----------------|--|
| SAP CASE Number  |     | Police Station |  |
| Investigating Officers Name                                |     |                |  |
| Circumstances of the Death                                 |     |                |  |
|  |     |                |  |
|  |     |                |  |
|  |     |                |  |
|  |     |                |  |
| Is anyone being investigated / been arrested in this case? | Yes | No             |  |
| If "Yes", Is the person directly related to the deceased?  | Yes | No             |  |
| Is the death being investigated as SUICIDE?                | Yes | No             |  |

### DECLARATION & SIGNATURE OF THE INVESTIGATING OFFICER

I hereby declare that the information provided in this document is accurate and correct

Signature:

Date