Hill on Empire Office Park
2nd Floor Building B
Cnr Empire Rd and Hillside Road
Parktown
2193

Postnet Suite 409, Private Bag X30500, Houghton, 2041

T 0860 64 54 33
E claims@go.miwaylife.co.za

MiFit Injury Claim Form

To claim, please complete this form and email it back to us at claims@go.miwaylife.co.za. Or you can call our Servicing Department on 0860 64 54 33.

Attach the following documents to the completed claim form:

1. Fully completed MiFit Injury Claim Form
2. Certified copy of the Life Assured's ID
3. Certified copy of ID for the claimant (certified copy of ID or certified copy of birth certificate)
4. Claimant's bank statement stamped by the bank
5. Medical Report by Specialist/s

Section A: Particulars of the Insured (Injury or Illness)

a. Full first name(s) and Surname: _____

b. ID Number: _____

c. Date of Birth: _____

d. Marital status (Single / Married / Divorced / Widowed / Permanent Life Partner): _____

e. Residential Address: _____

_____

f. Telephone Number (Home, Work and / or Cell: _____

g. Name of Employer: _____

h. Medical Aid Name: _____ Medical Aid no. _____

Section B: Details of Race and Injury or Illness

a. Race number: _____

b. Race/Event Name: _____

c. Date and time of injury or illness: _____

d. Detailed description of injury or illness: _____

_____

e. Details of all Specialist/s who assessed you with your injury or illness:

Dr. _____ Address: _____

_____ Postal Code: _____

Work Tel: _____Date/s visited: _____

Dr. _____ Address: _____

_____ Postal Code: _____

Work Tel: _____Date/s visited: _____

Dr. _____ Address: _____

_____ Postal Code: _____

Work Tel: _____Date/s visited: _____

Section C: Event Notification Process

a. Did the claimant notify the event organisers? Yes or No _____

b. Was the injury caused by a violation of the event rules? Yes or No _____

If yes, please provide details _____

_____

c. Was the injury caused by someone else's violation of the event rules? Yes or No _____

If yes, please provide details _____

_____

d. Name of your Medical Aid: _____Medical Aid no: _____

e. Name of the Hospital: _____ Hospital reference no: _____

Section D: Particulars of the Claimant (if applicable)

a. Full first name(s) and Surname: _____

b. ID Number: _____

c. Date of Birth: _____

d. Residential Address: _____

e. Telephone Number (Home, Work and / or Cell): _____

f. In what capacity is this claim lodged (beneficiary, cessionary, executor)? _____

Sector E: Declaration by Claimant/Beneficiary

I _____ (Full First name(s) and Surname printed), declare that the above details are true and correct. I understand that in the event that this claim or any supporting documentation (or claim documentation) is found to be fraudulent, MiWayLife reserves the right to proceed with the appropriate action against the claimant.

I further irrevocably authorise any Doctor or any other person who has attended to the Insured, or any hospital or other institution which has medical information about the insured, to disclose such information to MiWayLife.

Signature of Claimant: _____ Date: _____

Payment Details

I request that payment be made into the following bank account:

Name of Account Holder: _____

Bank Name: _____ Branch Name: _____

Branch Code: _____ Bank Account Number: _____

Account type (Current / Savings / Transmission): _____

Account Holder ID: _____Contact Number of Account Holder: _____

Account Holder Signature: _____ Date: _____

MiWayLife Disclosures

POPIA

MiWayLife cares about your privacy. To provide you with our service, we and our service providers must process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

FICA

In line with the applicable anti-money laundering laws of South Africa, we are required to obtain specific information and evidence to verify your identity when applying for cover and on an ongoing basis. If we do not receive the requested information within a reasonable time, we may be unable to render our services.