PLATINUM LIFE

Reg. No. 2000 / 024098 / 07 VAT Reg. No. 4100196882
8B Rivonia Road / Cnr. Rivonia Rd & Central Ave, Illovo, 2196
PO Box 1152, Saxonwold, 2196
0860 542 542 011 268 0799
info@platinumlife.co.za www.platinumlife.co.za

POLICYHOLDER'S REPORT (To be completed by the Policyholder)

PARTICULARS OF THE LIFE INSURED

Policy number: Title:

Surname:

Full Names:

Date of Birth: / /

Identity Number:

Work Number:

Home Number:

Cell Number:

Postal Address:

POLICYHOLDER'S BANK DETAILS

Account Holder:

Bank Name:

Branch Name:

Branch Code:

Account Number:

Account Type: Current (cheque) account:
Savings account:
Transmission account:

Preferred Debit date (between 1-31st of month):

Directors: M.T. Kalmek, L.W. Matthews, S. Shlesinger
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DECLARATION OF HEALTH

Main Life Assured:

Have you, in the last 5 years:

		Yes	No
1	Been referred to undergo a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
2	Actually undergone a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
3	Ever been diagnosed with a malignant or benign tumour?		
	If yes, please give details:		
4	Ever received any treatment for a malignant or benign tumour?		
	If yes, please give details:		

Second Life Assured:

Has the second life assured on your policy (your spouse or partner), in the last 5 years:

		Yes	No
1	Been referred to undergo a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
2	Actually undergone a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
3	Ever been diagnosed with a malignant or benign tumour?		
	If yes, please give details:		
4	Ever received any treatment for a malignant or benign tumour?		
	If yes, please give details:		

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Children's Cancer Cover:

Have any of your biological children, stepchildren or legally adopted children under the age of 18 years, in the last 5 years:

		Yes	No
1	Been referred to undergo a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
2	Actually undergone a scan or biopsy to establish whether an abnormal mass of bodily tissue was malignant or benign?		
	If yes, please give details:		
3	Ever been diagnosed with a malignant or benign tumour?		
	If yes, please give details:		
4	Ever received any treatment for a malignant or benign tumour?		
	If yes, please give details:		

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Platinum Life will duly consider the re-instatement of your policy based on the information that you have provided in your application and based on the history of the policy itself.

Once the merits and risks of re-instatement have been considered, Platinum Life will either accept or reject your application. This will be communicated to you by telephone or in writing upon request.

Should Platinum Life accept your application, you will receive an updated policy schedule and Terms and Conditions, whereafter your policy will re-commence upon receipt of the next monthly premium due and your cover will re-commence 30 days thereafter.

I'm sure that you understand that we cannot cover any cancer that was diagnosed whilst your policy was out of force, but you will certainly be covered for future female cancers, as mentioned in the updated terms and conditions that you will receive.

If you were diagnosed with a pre-existing condition, you will enjoy full cover two years after the policy's re-commencement if the original diagnosis was not cancer.

Do you hereby confirm that the information you provided is true, accurate and complete?

Do you understand that any false or misleading information may result in a rejection of your application and may prejudice any future claims made against your policy?

But, the re-commencement of your cover is, of course, first and foremost dependent on your application being successful.

Please look out for a call from one of our agents who will advise on the outcome.

By completing this form I understand that my policy will not be automatically reinstated but that the reinstatement is subject to the answers provided above.

I _____ hereby declare that the above information is true and correct and that Platinum Life is authorised to update my details.

Signature

☐☐☐☐ / ☐☐ / ☐☐

Date

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