



# Mr Price, Mr Price Home & Mr Price Sport

## CUSTOMER PROTECTION PLAN CLAIM FORM DEATH OR ACCIDENTAL DEATH

Administered by Volume and Affinity Risk Management (Pty) Ltd - (Company Registration Number: 2009/016248/07)

**PLEASE NOTE:** It is very important that you answer ALL questions on the form, and return it within 30 days, otherwise you may not be entitled to any benefits.

### Section A: Account holder's personal details

Account no.

Mrs  Miss  Mr  Other  Initials

Surname

Birthdate Day  Month  Year

Postal address   
  
 Code

Tel. (H) Code  No.  (W) Code  No.  Ext.

Cell no.  Fax Code  No.  Email address

I.D. number

Name by which you are known

Relationship to the person who died

Address at which you live   
  
 Code

### Section B: Deceased's details

I.D. number

Mrs  Miss  Mr  Other  Initials

Name by which he/she was known

Surname

Any other surnames he/she may have had

Birth date Day  Month  Year

Date of death Day  Month  Year

Cause of death

If death was accidental, please briefly describe how it occurred  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section C: Details of the doctor who declared the deceased to be dead

I.D. number

Doctor's name and surname

Doctor or surgery address   
 Code

Tel. Code  No.  Ext.

Doctor or surgery stamp

### Section D: What to do now

- Submit this claim using one of the following methods:
- Fax it to Volume and Affinity Risk Management on **086 525 1785**
  - Post it to Volume and Affinity Risk Management at PO Box 983, Northlands, 2116 or
  - Hand it in at any Mr Price, Mr Price Home or Mr Price Sport store.

#### ATTACH THE FOLLOWING CERTIFIED ORIGINAL DOCUMENTS:

- Computerised Death Certificate (Abridged certificates & medical reports unacceptable)
- I.D. documents of the deceased (Must be stamped "DECEASED")
- I.D. document of claimant/beneficiary
- Certificate of Release (where applicable)

In the case of an ACCIDENTAL DEATH, please also submit a police report and proof of banking details for the beneficiary (certified by the bank).

### Declaration

I, the undersigned claimant, certify that the above information is true and correct. I declare that the official documents attached hereto were issued by the Department of Home Affairs of South Africa. I understand that the claim can only be processed once the claimant has submitted all the relevant documents. I understand and agree that any wilful misstatement in this claim will invalidate this benefit under the above policy.

#### Authorisation

I hereby authorise Volume and Affinity Risk Management (Pty) Ltd and any of its representatives to make any enquiries and obtain any information they consider relevant from my doctor or elsewhere, of the person who has died. A photocopy of this authority will be considered as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

VOLUME AND AFFINITY RISK MANAGEMENT (PTY) LTD  
Postal address: PO Box 983, Northlands, 2116  
Physical address: 356 Pretoria Avenue, Randburg, 2194

### Section E: To be filled in by Volume and Affinity Risk Management

FOR OFFICE USE ONLY

Policy or agreement number

Date of policy

Length of policy

Date policy was started

Amount to be paid R

Sheet Street account balance R

Day  Month  Year

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_