

# Gap Supreme

## Additional banking details form for claims

Underwritten by Guardrisk Insurance Company Limited (GICL), a licensed non-life Insurer, Reg. No. 1992/001639/06, FSP No. 75.

This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership. The master policy issued is the source of all benefits, rights, and obligations and exclusions. To determine your individual needs, we suggest that you contact your broker and request advice from him / her.

### Ambledown information

Ambledown Financial Services (Pty) Ltd  
 PO Box 1862, Cramerview, 2060  
 Tel: 086 126 2533  
 Fax: 011 463 1665  
 Email: claims@ambledown.co.za

You can download the g-App on your mobile phone to submit and track your claim, quick and easy.  
 (Failure to provide all applicable documentation to this claim form will cause undue delay in the processing thereof)

### Principal insured member details

#### Claimant

Title:	Surname:	First names:
ID / passport number:		
Date of birth: D D M M Y Y Y Y		
Policy / Member number:		

### Contact details

Postal address	Physical address (if different to postal)
Postal code:	Postal code:
Home number: Area code	Employer:
Cell number: Area code	Employer contact number: Area code
E-mail:	

### Payment instructions

Benefits to be paid into the following bank account by means of electronic fund transfer:

Account holder's name:	Bank / building society:
Account number:	Branch:
Branch code:	Account type:
Source of funds:	Current
	Transmission
	Savings

Are the benefits being paid into the bank account of a person/entity that is not an insured person on the policy? Yes No

If yes, state the relationship:

SIGNATURE OF ACCOUNT HOLDER

SIGNATURE OF PRINCIPAL INSURED MEMBER DATE

(if different from account holder)

The company will not be liable for the loss of funds due to the provision of incorrect bank details by the member.

I, the undersigned, hereby request and authorise the Insurer or its representative to deduct the premium payable under the above plan against my bank account or institution (or any other bank or institution or branch where my account is kept or transferred to) on the preferred debit order collection date.

Should the collection date selected fall on a weekend or public holiday, I understand that a debit will be processed against my account on the first working day following the weekend or public holiday. I further declare that:

- I authorise my bank or institution (as stated) to debit my account with all debits which may be presented by the company as if I personally signed for each one.
- I also understand that the details of each debit order will be printed on my bank statement as a separate line as proof thereof.
- I declare that all bank costs related to this debit order system and approval, will be for my own account.
- I understand and accept that I or the company can change this arrangement at any time in writing (by giving the other party 31 days' notice) or cancel this arrangement, given that it won't have any effect on the deductions of the company which was already agreed and authorised herein.
- I understand and accept that all payments in terms of this agreement will be made without any prejudice.
- I understand and accept that if any payment in terms of this agreement is not received, the relevant policy/ies will be cancelled effective from the last day of the uninterrupted period for which payment(s) were received.
- I accept that this request and authorisation will be applicable for all amounts payable from inception and monthly thereafter.
- I acknowledge that I need to ensure that premiums are collected for cover to remain in force.
- I understand and accept that the company reserves the right to adjust the premiums by giving thirty one (31) days written notice prior to the effective date of the change.

SIGNATURE OF ACCOUNT HOLDER

DATE 

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## Use of Personal Information Declaration

I hereby consent to Ambledown processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this application;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to Ambledown disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

Ambledown will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Ambledown of any changes to your personal information in a timely manner. The information supplied to Ambledown must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Ambledown consent to process my personal information as provided above.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE 

D	D	M	M	Y	Y	Y	Y
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Please return to your broker or alternatively: Ambledown Financial Services (Pty) Ltd, PO Box 1862, Cramerview, 2060

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