

CLAIMS FIA FORM: NATURAL PERSONS (PIP & High Risk)

EDD docs to be supplied and verified	A1	ID or Passport / Birth certificate (minors only)	
	A2	Proof of residential address	<i>Municipal bill/Lease agreement or the like</i>
	A3	Official proof of bank account	<i>Bank letter / Bank statement</i>
	A4	Proof of mandate to represent another	<i>(only needed for Representatives)</i>
	A5	Proof of source of income and employment	

What is the capacity of the Person herein "identified"?
Tick within the appropriate block to the right.

PERSONAL INSURANCE

- ☐ Beneficiary
- ☐ Representative of the Beneficiary
- ☐ Other (Specify Below)

COMPULSORY KYC and DUE DILIGENCE requirements before claim payout:

1) Surname	Regulation 6.1.a	
2) Previous surname	Regulation 6.1.b	
3) Full names	Regulation 6.1.a	
4) Date of birth	Regulation 6.1.d(iii)	
5) Nationality	Regulation 6.1.d(i)	
6) Identity number	Regulation 6.1.d(i)	
7) Passport number	Regulation 6.1.e(ii)	(not required where an ID is supplied)
7.1) Passport expiry date		(not required where an ID is supplied)
8) Email address	Regulation 12(1)(b)	
9) Contact number	Regulation 12(1)(b)	
10) Residential address	Regulation 12(1)(a)	

Verification Statement (Hollard Representative)

I, the undersigned, have identified the person named above to the best of my ability, for and on behalf of the Insurer, and have viewed and taken copies of authentic, reliable, independent source documents (as annexed hereto).

Signature	Date	Representing
Full Names and Surname	Contact number	Email address