



CERTIFICATE NO:

CREDIT PROTECTION INSURANCE - RETRENCHMENT

Insured details:

Full name: _____ ID number: _____
 Address: _____
 Tel no: _____ Cell: _____
 Email: _____ Fax: _____

Claimant details

Full name: _____
 Address: _____
 Tel no: _____ Cell: _____
 Email: _____ Fax: _____
 Relationship to insured: _____

Finance detail:

Finance company: _____ Account number: _____
 Vehicle Type: _____ Vehicle Registration: _____
 Date vehicle financed: _____ Monthly repayment: _____

Retrenchment details:

Date of termination: _____
 Employer Name and address: _____

 Employer contact person: _____
 Employer contact number: _____

The following documents must be submitted with this claim:

1. Copy of retrenchment letter and details of retrenchment package
2. Copy of employment contract and appointment letter
3. Bank statements - on monthly basis to confirm unemployment
4. Transaction history from finance company (inception to date)
5. Copy of ID document
6. Credit agreement
7. UIF forms

Declaration:

We hereby declare the foregoing particulars to be true in every respect,

Signature of claimant

Signed on DD/MM/YYYY

Signature of insured

Signed on DD/MM/YYYY

(Please send this form to: Fax: 086 218 9202 or Email: claims@nttgroup.co.za or PO Box 35302, Menlopark, 0102)

Office use only

All Premiums paid at date of retrenchment Y N Comment: _____

Assesment of claim assigned to: _____