Disablement Benefit Claim Form

Somerset Office Estate 604 Kudu Street Allen's Nek Roodepoort 1737
PO Box 1524 Florida 1710
Tel 011 470 4000 Docex 6 Florida
memberadmin@legalwise.co.za

NB. Please attach a certified copy of the Doctor's report confirming that the main Member is disabled.

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Main Member's Personal Details

Membership No

Surname Title

First Name/s

ID No Date of Birth Y Y Y Y M M D D

Tel No Tel Mobile

E-Mail

2. Details of Doctor who examined the main Member

Name of Doctor

Practice Address

Postal Code

Tel No Tel Mobile

Date of Accident Y Y Y Y M M D D

For Office Use Only

Date that Member reported Incident Y Y Y Y M M D D

LegalWise and LEZA are committed to protecting your privacy. By providing your personal information, you consent to your information being collected in order to gain access to our products and services. Your information will be used properly, lawfully, securely and transparently for the purpose for which it is intended, namely, the administration and further maintenance of your insurance product/s.

You are also consenting that LegalWise and LEZA may use your information to contact you regarding changes or updates about your insurance product/s and that LegalWise South Africa may use your information in improving our product offering. If you do not want to receive any future product or service offerings from LegalWise South Africa, then inform Us by contacting Member Administration on 0861 555 654.

Main Member's Signature

Date Y Y Y Y M M D D

LegalWise South Africa (RF) (Pty) Ltd (Reg. No 1999/003661/07) is an Authorised Financial Services Provider (FSP 50292).
The LegalWise Membership Agreement is underwritten by Legal Expenses Insurance Southern Africa Limited (LEZA)
(Reg. No 1984/010574/06) a Registered non-life Insurer and Authorised Financial Services Provider (FSP 17008).
291121