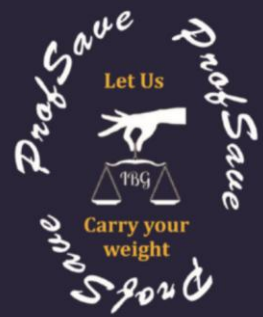


PROFSAVE CLAIM FORM



RENASA
INSURANCE COMPANY LIMITED

Date:			
Insured:			
Profsave Policy Number:			
Date of original letter of complaint:			
Representative claim made against:			
Total claim amount against Primary PI Policy:			
Excess amount been claimed:			

Requirements:

Copy of original complaint the Insured received:

Copy of signed Agreement of loss from Primary PI Policy:

I as an authorised signatory hereto confirm: The information contained herein and to the best of my knowledge is true and correct.

Signed at: _____ this _____ Day _____ 20__

For and behalf of the Insured: _____

Capacity: _____

IBG Underwriting Managers is an Authorised Financial Service provider FSP No:36515

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