Severe Illness & Income Booster
CLAIM FORM

ACCOUNT HOLDER / INSURED PERSONAL INFORMATION	
Surname	
Initials	
First Name	
Date of Birth	
ID number of Insured	
Account Number – Store card/credit card/loan	

CLAIMANT INFORMATION	
Surname	
Initials	
First Name	
Date of Birth	
ID number	
Relationship to main Insured	
Telephone number (mobile)	
Email address	

IMPORTANT DOCUMENTS WE REQUIRE TO PROCESS THE CLAIM	
Serious Illness	Income Booster
Completed and signed claim form	Completed and signed claim form
Certificate by Medical Practitioner – page 3 of claim form	Copy of the Hospital account
Supporting medical proof of diagnosis	Medical report from treating doctor
Email documents to claims@rcsgroup.co.za with claim form	

CLAIMANT BANK INFORMATION	
Bank Name	
Branch Name	
Branch Code	
Bank Account Number	
Account type	
Account Holder name	

Mutualpark, Jan Smuts Drive, Pinelands, Cape Town 7405
PO Box 111, Goodwood, 7459
Tel: +27 (0)21 597 4000
www.rcs.co.za

NOV 2026

Directors: RF Adams* V Metz ** M van Brakel*
*Executive /**Non-Executive
RCS Cards Proprietary Limited | Registration Number 2000/017891/07 | NCRCP38 | FSP44481 | RCS is a registered credit and authorised financial services provider

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TO BE COMPLETED BY CLAIMANT – SEVERE ILLNESS	
ILLNESS INFORMATION	
Cause and extent of illness	
Date of onset of illness	
Specific diagnosis (cancer, stroke, heart attack, organ transplant, kidney failure)	
Date of first diagnosis by a medical practitioner (Specialist)	
PARTICULARS OF DOCTORS & HOSPITALS	
Date of first treatment	
Treatment plan	
Give the names and address of all doctors, specialists, hospitals or clinics where you have received treatment for your illness	

TO BE COMPLETED BY CLAIMANT – INCOME BOOSTER	
Cause of hospitalization	
Date admitted	
Date released	
Total number of days spent in hospital	
Name and address of hospital	
Contact telephone number of hospital	
Name of doctor recommending hospitalization	
Contact telephone number of doctor	
Practice address	
Practice number	

DECLARATION:

I, the claimant, hereby certify that all the information I have provided relative to this claim is true and correct. I authorise any hospital, clinic, doctor, or other individual to furnish RCS with any information in respect of the claim, including any copies of medical records, consultations, medical history, sickness or injuries the deceased have had with any institution. I have not withheld any information which could be material to the assessment of the claim.

Signature claimant _____ Date

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CERTIFICATE BY MEDICAL PRACTITIONER – SEVERE ILLNESS COVER TO BE COMPLETED BY SPECIALIST	
PATIENT INFORMATION	
Full name and surname of patient	
Identity number of patient	
Are you the patient's regular Specialist? If YES since when	
If not, who is the patient's regular Specialist?	
Date of last consultation	
ILLNESS INFORMATION	
What is the direct cause of the illness?	
Date of first diagnosis	
Was the patient informed of diagnosis. If so, please provide the date patient was first informed	
Are you aware of any illness or habit that may have given rise to present ailment?	
What contributing factors led to the illness? Please provide dates of diagnosis	
Please list consultations over the past five years with dates and particulars (consultation date, diagnosis, treatment, medication prescribed, prognosis)	
Name & address of specialists if referred & date referred	
PROGNOSIS	
List the treatment and the response to treatment	
If not already covered, what is the prognosis?	

Signed at and Date	
Surname and initials of medical practitioner	
Signature of medical practitioner	
Telephone number and Practice number	
Practice address	
Qualifications of medical practitioner	

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PROCESSING OF PERSONAL INFORMATION IN TERMS OF POPI ACT 4 OF 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner and kept for the period prescribed by the Applicable Laws.

You hereby agree to give honest, accurate and up-to-date Personal Information which may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable Us to fulfil our obligations in terms of this Claim;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your information for further processing with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

- Payment processing service providers,
- merchants,
- banks and other persons that assist with the processing of any benefit payable;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities,
- industry ombudsmen,
- governmental departments,
- local and international tax authorities, and other persons that we, in accordance with the Applicable Laws, are required to share your Personal Information with; and
- Credit Bureau's.

You acknowledge that any Personal Information supplied to Us in terms of this Claim is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. Such Personal Information provided (voluntarily, unconditionally and specifically) will be utilized by Us or by any appointed third parties, on our behalf, and will be kept for such period as legislated according to the Applicable Laws.

You understand that if We have utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

Signature	
Date	

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