PREMIUM HOLIDAY COVER

HOLIDAY COVER CLAIM FORM

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PRINCIPAL MEMBER INFORMATION

Date of Claim d d m m y y y y

Title First Names

Surname Date of Birth d d m m y y y y

Passport / ID No. Membership No.

CLAIM INFORMATION (Please complete A or B where applicable)

A - Death, Illness or Injury Holiday Replacement Cover

Date of incident d d m m y y y y

First Names Date of birth d d m m y y y y

Surname Date deceased (if applicable) d d m m y y y y

Passport / ID No.

Relationship of member to person affected ☐ Member ☐ Spouse ☐ Other

B - Act of God

Date of incident d d m m y y y y

Description of incident A or B

(Where and how it happened)

Please forward any of the following documents to us in order to process your claim efficiently:

- Doctor's diagnosis certificate
- Police statements
- Death certificate

RESERVATION INFORMATION

Was the unit occupied ☐ Yes ☐ No If yes, how many days was the unit occupied?

Check-in Date d d m m y y y y Check-out Date d d m m y y y y Check-out Time h h : m m

Resort Reservation No.

☐ I confirm that all information provided is true and that I have read and understood the terms and conditions as featured on www.theholidayclub.co.za

Date d d m m y y y y

Name of principal member

Signature