

Head Office Address: 36 Lawson Avenue ,Milton Park, HARARE

Telephone:04 - 251441 / 253486, Cell: 0773 701 537

Email:enquiries@highground.co.zw, Website:www.highground.co.zw

**CLIENT'S DETAILS**

CLAIM BY: MEMBER  DEPENDANT  BENEFICIARY

DATE OF CLAIM .....

NAME OF MEMBER .....

I.D NUMBER .....DOB.....

PHYSICAL ADDRESS.....

CONTACT NUMBERS.....EMAIL.....

EMPLOYER'S NAME AND ADDRESS.....

.....

CLAIMANT'S DETAILS (IF NOT MEMBER) .....

BENEFICIARY/DEPANDANTS) I.D NUMBER .....

NEXT OF KIN (Name, ID No. and Address) .....

.....

.....TELEPHONE.....

**FOR OFFICIAL USE ONLY**

MEMBERSHIP NUMBER.....

JOINING DATE.....FULL MEMBERSHIP DATE.....

CLIENT CLASSIFICATION                      0-36                       36-60                       60 months and above

**SCHEME, SUB AND COVER LIMIT**

CLAIM NUMBER ..... APPROVED COVER LIMIT.....

SUBSCRIPTION STATUS.....CHECKED BY.....

REFERRAL CONDITIONS .....

NATURE OF CASE .....

BRIEF DESCRIPTION OF CASE INCLUDING DATE OF OCCURRENCE OF THE ISSUE .....

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I,.....ID NO.....  
Agree to be bound by the following terms and conditions:

- 1.If I have contributed to the Society for not more than thirty six (36) calender months and make a claim, I undertake to continue paying my subscriptions, without ceasing or falling into arrears for the next thirty six (36) months, failure of which I shall be personally liable for the fees in full and the Society reserves the right to recover such fees through the institution of legal proceedings.
- 2.If I have contributed to the Society for thirty six calendar (36) months or above, and make a claim, I undertake to continue paying my subscriptions, without ceasing or falling into arrears for the next twenty four (24) months, failure of which I shall be personally liable for the legal fees in full and the society reserves the right to recover such fees through the institution of legal proceedings.
- 3.The High Ground Terms and Conditions for the policy I am registered for together with my dependants and beneficiaries

DATED AT.....THIS.....DAY OF.....20.....

MEMBER.....  
NAME SIGNATURE

Claimant's Signature.....  
NAME SIGNATURE

High Ground Representative.....  
NAME SIGNATURE

Underwriting.....  
NAME SIGNATURE

Managing Director.....  
NAME SIGNATURE

