

Claim must be emailed to claims@ingwelife.com or uploaded to the Doc Library of the Member's Profile on the Ingwe Life System

STILLBORN DOCTOR REPORT

Ingwe Life is a Cat 4 Authorised Financial Services Provider FSP No 46004

Head Office: Northlands Corner Shopping Centre, Unit F2A, 1st Floor, Tower A, Corner Witkoppen & Newmarket Roads, Northriding

Tel: 011 462 0353



I,

born on / / ID/Passport No.:

states under oath in English that I am the biological parent to stillborn.

Hospital/Clinic:

Date of Death: / /

Signature of Mother:

Signature Date : / /

THIS PART MUST BE FILLED IN BY DOCTOR OR CLINIC

First Name(s):

Surname:

Hospital/Clinic:

HPCSA Reg No.: Contact No.:

Cause of Stillbirth:

Date of Death: / /

Weeks Pregnant: Male Female Birth Weight:

I know and understand the contents of the above mentioned information.

Signed at: on / /

Doctor Signature:

Stamp