



**RENASA**  
INSURANCE COMPANY LIMITED

# PROFSAVE CLAIM FORM

# GENLIB

SPECIALISED INSURANCE & INNOVATIVE SOLUTIONS  
FOR BROKERS  
FSP 35482

|   |   |
|---|---|
| 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:                   | R |

| Requirements:  | Confirm Attached         |
|--|--------------------------|
| Copy of original complaint the Insured received:         | <input type="checkbox"/> |
| Copy of signed Agreement of loss from Primary PI Policy: | <input type="checkbox"/> |

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

Signed at:

Date:

Signature for and behalf of the Insured: \_\_\_\_\_

Capacity:

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

WWW.IBG-UMA.CO.ZA  
INFO@IBG-UMA.CO.ZA  
031 010 0362