STILLBORN DOCTOR REPORT

Version: 20251121.a

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



Head Office: Northlands Corner Shopping Centre, Unit S3, Second Floor, Tower B, Corner Witkoppen & Newmarket Roads, Northriding, Johannesburg Tel: 011 462 0353 / 0861 INGWE LIFE | Email: claims@ingwelife.com | WhatsApp: +27 11 704 1039

Claim must be emailed to claims@ingwelife.com or uploaded to the Doc Library of the Member's Profile on the Ingwe Life System Scheme name: Policy No.: 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 names(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:

Stamp

Doctor Signature												
D	D	/	M	М	/	Υ	Υ	Υ	Υ			
Signed date												