

CLAIM FORM

Compliance Officer: Moonstone Compliance (Pty) Ltd
Financial Services Provider No: 4710

PRINCIPAL INSURED DETAILS

Name and Surname:

ID number / Passport: Policy Number:

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Code:

Submitted Documents: M/A Statement Claim form Dr's account Hospital account Proof of co-payment Other

Admission date: Discharge date:

BANK DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank ABSA FNB Nedbank

Other

Account type: Cheque Savings Transmission Other

Debit order day: 1st 7th 15th 25th

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of account holder Date:

BANKING DETAILS FOR REFUNDS

SHOULD YOU NOT COMPLETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank ABSA FNB Nedbank

Other

Account type: Cheque Savings Transmission Other

Signature of account holder Date:

DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

- That I understand that this is an Accident and Health policy with stated benefits in terms of the Short-term Insurance Act 53 of 1998 and not a Medical Scheme product.
- The sharing of claims information and underwriting information by Insurers is essential to enable the insurance industry to underwrite policies, assess risks fairly, reduce the incidence of fraudulent claims and protect the public interest in terms of limiting excessive premium increases. You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
- I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
- As part of our claims validation process we used the services of a contracted third party in order to authenticate medical scheme membership, plan option type, relevant beneficiaries and agreed medical scheme option tariffs amongst other relevant information to validate the claim.
- We reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process
- I authorise Sirago Underwriting Managers to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider direct.
- In the event of a bereavement related claim the Insurer will pay the benefit into the principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we will require the beneficiary's ID and proof of bank. Should there be no beneficiary noted on the policy prior to the loss or should we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.

Name and Surname:

ID number / Passport:

Signature of policy holder

PLEASE NOTE

Sirago Underwriting Managers (Pty) Ltd must be notified within 90 days of any occurrence which may give rise to a claim. Claims will NOT be considered for assessment without the following documentation:

- A fully completed, signed claim form.
- Clear copies of all account statements.
- Medical Scheme statement showing all amounts paid by your Scheme.
- Proof of payment for amounts paid by the insured.
- Hospital account / Medical Scheme statement indicating co-payments imposed by the Medical Scheme.
- Cancer treatment plan if applicable.

All documents must be submitted within 90 days of payments by the Medical Scheme to qualify for payment.

All policy terms apply to each claim submitted.