SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REG NO: 1993/001387/07 | VAT NO: 4950188724 | FSP NO: 4710

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TEL NO: 010 599 1163 | EMAIL: claims@sirago.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd

PMA FORM 2020

A claim has been lodged against a health and accident policy for this member and in order to assess this claim, we need your valued opinion and completed report urgently. The information contained in this document is strictly confidential.

PRINCIPAL INSURED DETAILS

Please complete this form in black ink and CAPITAL letters

Policy Number:		Inception Date:	
Name and Surname:			
ID number / Passport:		Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other	
Email Address:			

MEDICAL PRACTITIONER DECLARATION

Doctor's Name:		Contact Number:	
Email Address:		Practice Number:	
Date Completed:			

Are you the regular medical practitioner of the patient? ☐ YES ☐ NO

If no, kindly complete the referring provider's details below:

Referring Medical Practitioner:		Contact Number:	

MEDICAL HISTORY

Note: Please give the patient's medical history from the first date of consultation with yourself or your practice.

Patient Name and Surname:		Date of first consultation:	

Consultation Dates	Reason for consultations, Diagnosis, Treatment and Results	Duration
	asdfasdf	

DIAGNOSIS QUESTIONS

Diagnosis	
Date of diagnosis	
Treatment relates to the following conditions	
On which date did the patient first became aware of the symptoms?	
List the surgical procedure/s to be undertaken and/or reason for hospitalisation	

I, the undersigned, a registered medical practitioner, certify that the following information provided is an accurate reflection of the Insured's medical history and is true, correct and complete.

Signature of medical doctor/ practitioner		Date	
Official stamp and address of medical doctor/ practitioner		Please return this form to: claims@sirago.co.za	