

## PRINCIPAL INSURED DETAILS

Name and Surname:	<input type="text"/>		
ID number / Passport:	<input type="text"/>	Policy Number:	<input type="text"/>
Date of birth:	<input type="text"/>	Email Address:	<input type="text"/>
Contact details:	Home no.: <input type="text"/>	Work no.:	<input type="text"/>
	Fax no.: <input type="text"/>	Cell no.:	<input type="text"/>
Postal address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Residential address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Submitted Documents:	M/A Statement <input type="checkbox"/> Claim form <input type="checkbox"/> Dr's account <input type="checkbox"/> Hospital account <input type="checkbox"/> Proof of co-payment <input type="checkbox"/> Other <input type="text"/>		
Admission date:	<input type="text"/>	Discharge date:	<input type="text"/>

## BANKING DETAILS FOR REFUNDS

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

Name of account holder:	<input type="text"/>		
Account no.:	<input type="text"/>		
Bank:	<input type="checkbox"/> Standard Bank <input type="checkbox"/> ABSA <input type="checkbox"/> FNB <input type="checkbox"/> Nedbank <input type="checkbox"/> Capitec <input type="text"/> Other		
Account type:	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission Other <input type="text"/>		
Signature of account holder	<input type="text"/>	Date:	<input type="text"/>

## DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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
6. 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.
7. 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:	<input type="text"/>
ID number / Passport:	<input type="text"/>
Signature of policy holder	<input type="text"/>

### 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.
- Sirago will use the details provided on this claim form to update our records.