

DREAD EVENT CLAIM FORM

CLAIMANT'S CERTIFICATE

Please complete the form and return it together with an INVOICE FROM THE HOSPITAL and a MEDICAL ATTENDANT'S CERTIFICATE supporting the claim. The latter is to be furnished at the PATIENT'S EXPENSE. This form is issued without admission of liability.

SECTION A – GENERAL QUESTIONS

POLICYNUMBER _____ SCHEME _____

MEMBER'S NAME _____

Tick one:

Loss of limb(s) Loss of sight (accidental) Loss of hearing (accidental)	Transplant Removal of lobe of liver Heart valve/pacemaker
<i>Amount: R</i>	Quadriplegia/ Paraplegia/ Hemiplegia

1. Claimant's full names _____

Date of Birth _____ Age _____

Relationship to scheme member _____

Postal address _____

Postal Code _____

Home telephone (_____) _____ Work telephone (_____) _____

Cell number _____ e-mail address _____

Occupation _____

2. To which hospital were you admitted? _____

Dread Event that is being claimed (in detail) _____

Amount being claimed _____

Reason for hospitalisation _____

Name of your house doctor _____

Name of the doctor who attended to you in hospital _____

On what date were you first given treatment or advice for the conditions that led up to the Dread Event _____

Date of the Dread Event procedure _____

3. If hospitalisation was due to an accident, please answer the following questions

Date _____ Place _____ and Time _____ of accident

How did the accident occur? _____

What injuries were suffered? _____

4. If you belong to a medical scheme, state name of scheme, contact details and your membership number (to speed up verification) _____

If you have other insurance covering these risks or have submitted an RAF/Workman's Compensation claim, give details _____

SECTION B - DECLARATION

I, the undersigned, hereby declare that the above particulars are true in every respect and made with out reservation. I further irrevocably authorise any doctor or any other person who has attended to me, or any hospital or other institution which has medical information about me, to disclose such information to the DELPHISURE GROUP INSURANCE BROKERS and agree that this authority shall remain in force after my death.

Signed at _____ this _____ day of _____ 20 _____

Member _____ Patient (if different) _____

CERTIFICATE OF MEDICAL ATTENDANT

CLAIMANT'S DETAILS (PATIENT)

Name of Patient _____
Scheme name _____

MEDICAL ATTENDANT'S DETAILS

Name _____
Speciality _____
Practice Number _____ Town/City _____
Contact details Phone _____ Fax _____ e-mail _____

TO BE COMPLETED BY THE MEDICAL ATTENDANT

1. Are you the usual medical attendant or the person insured? YES NO
If no, please state name and address of the usual medical attendant: _____

2. For how long have you known the person insured? _____
When did patient first consult you for this condition? _____
3. Were any other doctor consulted for this condition? _____
4. Have you reason to believe he/she ever had a previous accident, or suffered from, or been affected by, any previous physical infirmity or illness, pertaining to his condition? YES NO
If yes, please state details: _____
5. Has the person insured previously had any actual or attempted organ transplants, heart valve replacements or Pacemakers inserted? YES NO
If yes, please give full details: _____
6. Does the procedure satisfy a "Dread Event" description as per the annexure? YES NO

DREAD EVENT PROCEDURE

1. What was the reason for the procedure? _____

2. Was the Dread Event procedure connected in any way with any of the following: Mental disease or disorder, use of alcohol, the influence of any drug not administered on the advice of a doctor, injury or illness caused through intentional self-infliction, flying other than as a passenger, or the patient's own criminal act? YES NO
If yes, please give details _____

ANNEXURE

'DREAD EVENT' means the occurrence of one or more of the following events, during the Period of Insurance:

- Transplant means the transplanting of an organ(s) from a donor to replace the complete original organ(s) of the Insured Member.
- Removal of a lobe of the liver means the complete removal of the left lobe or the right lobe of the liver where such removal is necessary to treat disease of the liver in the Insured Member.
- Valve Replacement of the heart means the replacement of the original Aortic Valve and/or original Mitral Valve and/or original Double Valves of the Insured Member.
- Permanent Pacemaker Insertion means the surgical insertion of a permanent pacemaker for the first time in the Insured Member, and applies to both one chamber and two chambers.
- Paraplegia (lower) means the spinal injury as a result of an accident causing permanent paralysis of the Insured Member's lower body, including the total loss of use of the Insured Member's legs.
- Hemiplegia means the spinal injury as a result of an accident causing permanent paralysis of one side of the Insured Member's body, including the total loss of use of the leg, arm and hand on that side of the body.
- Quadriplegia means the spinal injury as a result of an accident causing permanent paralysis of the full body, including the total loss of use of the Insured Member's legs, arms and hands.

'LOSS OF A LIMB' means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle.

- Loss of Leg(s) below the knee means the complete removal of one or two legs below the knee,
- Loss of Leg(s) above the knee means the complete removal of one or two legs above the knee,
- Loss of Arm(s) below the elbow means the complete removal of one or two arms below the elbow,
- Loss of Arm(s) above the elbow means the complete removal of one or two arms above the elbow,
- Loss of one hand or foot means the complete removal of either one hand or one foot,
- Loss of two hands or feet means the complete removal of either two hands or two feet,
- Loss of sight in one eye means the complete loss of sight (100% loss) in one eye as a result of an accident, where the Insured Member was able to see through that eye before the Period of Insurance.
- Loss of sight in both eyes means the complete loss of sight (100% loss) in both eyes as a result of an accident, where the Insured Member was able to see through both eyes before the Period of Insurance.
- Loss of hearing in one ear means the complete loss of hearing (100% loss) in one ear as a result of an accident, where the Insured Member was able to hear through that ear before the Period of Insurance.
- Loss of hearing in both ears means the complete loss of hearing (100% loss) in both ears as a result of an accident, where the Insured Member was able to hear through both ears before the Period of Insurance.