DISABILITY CLAIM FORM - MEDICAL CERTIFICATE

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
P.O. Box 19610 | Tecoma | 5214

for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za

Dear Doctor,

We would appreciate your co-operation in providing the information requested in this form.

Insurance disability has two components i.e. functional impairment and disability. The assessment of functional impairment rests with various medical experts and is aimed at establishing the degree of impairment of normal functions due to medical, psychiatric or traumatic causes after reasonable treatment. It also involves the duration of the impairment, whether it is of permanent nature or temporary, and if temporary the life duration and prognosis.

The decision regarding disability is a legal decision taken by the insurance company and is based on details of the claimant, the occupation for which the claimant is insured, the terms and conditions on which the risk was accepted and the contract issued and the medical impairment of the life assured itself. The information requested, is therefore required to assist us in reaching this decision as quickly as possible.

Thanking you in anticipation.

Your faithfully
Real People Assurance Company Limited

A. PATIENT / CLAIMANT DETAILS

Names			
Surname			
ID number			
Home No.		Work No.	
Cell No.		Fax No.	
E-mail address			

B. MEDICAL AID DETAILS

Name of medical aid	
Main member	
Membership number	

C. MEDICAL HISTORY

Diagnosis and reason for claim

Current major complaint(s)

DISABILITY CLAIM FORM - MEDICAL CERTIFICATE

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
P.O. Box 19610 | Tecoma | 5214

for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za

D. MEDICAL REFERENCE

Please give the details of any other Practitioner, Specialists or Hospitals to whom the claimant has been referred. Please include copies of all available specialist reports.

Name of Practitioner / Hospital	
Speciality	
Address	
Complaints referred for	

Name of Practitioner / Hospital	
Speciality	
Address	
Complaints referred for	

Name of Practitioner / Hospital	
Speciality	
Address	
Complaints referred for	

E. RESULTS OF MOST RECENT MEDICAL EXAMINATION

Date of examination	D	D	M	M	Y	Y	Y	Y

Please give full clinical details as at that examination, including height, weight, and blood pressure readings. Please include details of any limitations evident at that examination (e.g. joint limitation, visual acuities etc.)

What was the cause of disability?

Date symptoms started	D	D	M	M	Y	Y	Y	Y
Date first seen by you for this reason	D	D	M	M	Y	Y	Y	Y
Date stopped worked	D	D	M	M	Y	Y	Y	Y
Date expected to return to work	D	D	M	M	Y	Y	Y	Y

Please note that in the event of any modification or variation of this standard form Real People Assurance Company will regard this form as being invalid and of no force and effect.

DISABILITY CLAIM FORM - MEDICAL CERTIFICATE

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
P.O. Box 19610 | Tecoma | 5214

for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za

Date seen by you for any other conditions (please give dates and details below)

Date	Reason for consultation	Treatment prescribed	Duration of complaint

Please give full medical history, including the following:
(Should spacing provided not be enough please provide separate detail, sign and attach)

*Symptoms and diagnoses
*Clinical details indicating severely and permanence
*Relevant test result (e.g. lung function reading, X-ray or scan results etc.)
*Date of any diagnoses
*Treatment and response
*Other comments

DISABILITY CLAIM FORM - MEDICAL CERTIFICATE

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
P.O. Box 19610 | Tecoma | 5214

for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za

F. PROGNOSIS

What are the chances of recovery — Good | Fair | Poor | Nil

Does the claimant use tobacco in any form? — Yes | No

If "yes", please provide details

Is current medical impairment due to:

Previous illness or injury — Yes | No

The intentional consumption of alcohol, narcotics or any toxic substance — Yes | No

Attempted suicide or any self-inflicted injury — Yes | No

G. FUNCTIONAL ABILITIES

Activity	Current limitations				Expected future ability		
	No limitation	Partial limitation	Impossible	Danger to self or others	Improve	Remain Constant	Deteriorate
Sealed/sedentary tasks							
Clerical/administrative tasks							
Thinking clearly and making decisions							
Interacting with others							
Walking (non-strenuous) over level ground							
Climbing							
Kneeling							
Standing							
Bending							
Operating light machinery							
Operating heavy machinery							
Working with light machinery							
Driving with light motor vehicle							
Driving with heavy motor vehicle							
Light manual labour							
Use of both arms and legs							
Use of fine coordination							
Work in cramped conditions							
Work in dusty environment							
Work in a fume environment							

General comments, which may clarify the response in the table. If improvement is expected, please indicate the time period in which that improvement is anticipated.

If period off from work in longer than usually expected for impairment, please give reason

DISABILITY CLAIM FORM - MEDICAL CERTIFICATE

Real People Assurance Company Limited is a registered Financial Services Provider (FSP 26634)
Reg. No. 2001/028918/06 | Real People Views | 12 Esplanade Road | Quigney | East London | 5201
P.O. Box 19610 | Tecoma | 5214

for REAL PEOPLE®

SUBMISSION OF CREDIT LIFE CLAIMS: FACSIMILE 086 623 4234 | HELPDESK: 086 111 4803 | E-MAIL: rpcreditlife@realpeople.co.za
SUBMISSION OF CLAIMS FOR OTHER POLICIES: HELPDESK 086 111 4803 | FAX TO 086 623 4080 | E-MAIL realinsuranceclaims@realpeople.co.za

H. TREATMENT AND REHABILITATION

Current medication regime. Please specify all medications and dosages

Other treatments the claimant has received or is currently receiving (e.g. physiotherapy, occupational therapy, psychotherapy)

Planned future treatment, including surgery

Your recommendations regarding rehabilitation (if applicable)

Please provide any other details which might be useful in assessing the claim. Please attach copies of any correspondence received from any practitioners, specialist or hospitals in respect of the claimant.

I. DECLARATION

I, _____ (Full names if Medical Specialist) do hereby declare that the above statement is true and correct to the best of my knowledge, and that no information has been withheld, nor has any relevant information regarding the circumstances been omitted.

Signed at (place) Date D D M M Y Y Y Y

Physical Address

Area Code

Postal Address

Postal Code

Work No.

Cell No. Fax No.

E-mail address

Qualification

Practice Number

HPCSA Number

Sign here

Signature of Medical Practitioner

Medical Practitioner/ Hospital Stamp

Please note that in the event of any modification or variation of this standard form Real People Assurance Company will regard this form as being invalid and of no force and effect.