

Hospitalisation Claim Form SECTION 1

To be completed by the Policyholder

The issue of this form does not constitute an admission of liability under the policy. Should this claim be approved, the payment will automatically be credited to the account from which your premiums are collected, unless that account is a credit card account, in which case an alternative account number should be provided. If payment is to be credited to an alternative account, please provide the relevant details in part 7 below.

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<p>I certify that the banking details are correct, failing which Chartis Life South Africa Limited is absolved against all direct losses, liabilities, suits, proceedings, costs, claims, demands, charges and expenses (including all legal and professional fees and disbursements) in respect thereof. I accept that it is my responsibility to inform Chartis Life South Africa Limited of any changes in my banking details, failing which Chartis Life South Africa Limited will accept no liability for changes which are not communicated or communicated timeously.</p> <p>I further declare that the information given is true and complete to the best of my knowledge and belief and authorise any hospital, physician or other person who has attended to me to furnish to Chartis Life South Africa Limited or its representatives any and all information with respect to any sickness or injury, medical history, consultations, prescriptions or treatment, and copies of all hospital records, including the results of all tests undergone by me or the patient. I agree that a photocopy of this authorisation shall be considered as effective and as valid as the original.</p> <p>Date Signed:</p>																																																																																																																																																			

Hospital Verification

NOTE: THIS SECTION NEEDS ONLY TO BE COMPLETED BY THE HOSPITAL IF NO ACCOUNTS ARE OBTAINABLE.
 The Policyholder is responsible for payment of any fee in connection with the completion of this declaration.

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Hospitalisasie Eisvorm *AFDELING 1*

Moet voltooi word deur die Polishouer

Die uitreiking van hierdie vorm is nie 'n erkenning van aanspreeklikheid onder die polis nie. Indien hierdie eis goedgekeur word, sal die rekening waaruit u premies gevorder word outomaties gekrediteer word met die eisbetaling, behalwe as dit 'n kredietkaart rekening is. Indien u verkies dat die eisbetaling in 'n alternatiewe rekening betaal moet word, verskaf asseblief die nodige besonderhede hieronder in deel 7.

POLISHOUER	5a. BESONDERHEDE VAN SIEKTE (vervolg)
Naam:	Indien wel, verstrek besonderhede en datums van behandeling
Posadres:	
Kode:	
Epos adres:	5b. BESONDERHEDE VAN SWANGERSKAP
Selfoon:	Wat was die beraamde datum van bevrugting?
Tel: (Bedags) Faks:	Datum van bevalling:
1. POLISNOMMER(S)	
	5c. BESONDERHEDE VAN ONGELUK
2. PASIËNT	Datum van ongeluk:
Naam:	Besonderhede van ongeluk:
Geboortedatum:	
Verwantskap met Polishouer:	Beserings opgedoen:
Beroep:	
3. HUIS / FAMILIEDOKTER	6. WAS HOSPITALISASIE ENIGSINS VERBONDE AAN
Naam:	(✓ toepaslike blokkie) J N
Posadres:	Aangebore siektes
Kode:	Kroniese gebreke
Selfoon:	Geestes kwale
Tel: (Bedags) Faks:	Alkohol misbruik
	Dwelm misbruik of gebruik van medikasie sonder 'n dokter se voorskrif
4. HOSPITAAL	Poging tot selfmoord / self besering
Heg asb. afskrifte van hospitaalrekeninge aan of laat hospitaal onder voltooi.	MIV / V. I. G. S.
Naam van hospitaal:	Miskraam, aborsie of enige komplikasie daarvan
Tel Nr.: Faks:	Besonderhede:
Behandelende dokter:	
Tel Nr.: Faks:	
Datum opgeneem: Tyd:	
Datum ontslaan: Tyd:	
5. REDE VIR HOSPITALISASIE (✓toepaslike blokkie)	7. BANK BESONDERHEDE
<input type="checkbox"/> a siekte <input type="checkbox"/> b swangerskap <input type="checkbox"/> c ongeluk	Rekeningnommer
5a. BESONDERHEDE VAN SIEKTE	Naam van Rekeninghouer
Aard van siekte:	Naam van bank / bouvereniging
Wanneer het die pasiënt bewus geword van hierdie siekte?	Tipe rekening
Het die pasiënt al vantevore aan die siekte gely?	Tak
	Takkode
	<i>Indien bogenoemde bankbesonderhede verskil van u debietorder bankbesonderhede, dien asseblief 'n bankstaat of gekanselleerde tjek saam met u eisvorm in.</i>
8. VERKLARING EN BEMAGTIGING deur Polishouer of sy Regsteenwoordiger	
Ek verklaar dat die bankbesonderhede korrek is, by gebreke waarvan Chartis Life South Africa Beperk onthef word van alle aanspreeklikheid vir alle direkte verliese, verpligtinge, regsgedinge, geregtelike staape, koste, eise, vordering, heffings en uitgawes (met inbegrip van alle regs en professionele koste en betalings) ten opsigte daarvan.	
Ek aanvaar dat die my verantwoordelikheid is om Chartis Life South Africa Beperk in kennis te stel van enige veranderings in my bankbesonderhede, by gebreke waarvan Chartis Life South Africa Beperk geen aanspreeklikheid sal aanvaar vir veranderings wat nie meegedeel of nie betyds meegedeel is nie. Hiermee verklaar ek dat die inligting volgens my kennis en oortuiging, waar en volledig is, en magtig enige hospitaal, dokter of enige ander persoon, wat daartoe gemagtig is, om aan Chartis Life South Africa Beperk of hulle verteenwoordigers enige en alle inligting beskikbaar te stel met betrekking tot enige siekte of besering, mediese geskiedenis, konsultasie, voorskrif of mediese rekord. Ek verklaar dat 'n fotostaat of faksimile afskrif van hierdie magtiging beskou kan word as net so geldig en van krag as die oorspronklike.	
Datum _____	Handtekening _____

Hospitaal Bevestiging

LET WEL: HIERDIE GEDEELTE MOET NET DEUR DIE HOSPITAAL VOLTOOI WORD INDIEN DIT NIE MOONTLIK IS OM AFSKRIFTE VAN DIE HOSPITAALREKENINGE AAN TE HEG NIE. Die Polishouer is verantwoordelik vir enige fooie betaalbaar vir die voltooiing van hierdie verklaring.

BESONDERHEDE VAN HOSPITAAL	3. PERIODE VAN HOSPITALISASIE
Naam:	Datum opgeneem: Tyd:
Posadres:	Datum ontslaan: Tyd:
Kode:	Was die pasiënt opgeneem in intensiewe <input type="checkbox"/> of hoë-sorg eenheid? <input type="checkbox"/>
Fisiese address:	Datum opgeneem: Tyd:
Kode:	Datum ontslaan: Tyd:
Tel Nr.: Faks:	Datum opgeneem: Tyd:
	Datum ontslaan: Tyd:
1. PASIËNT	4.
Naam:	Handtekening: Datum:
	Naam:
2. REDE VIR HOSPITALISASIE	Hoedanigheid: Stempel