Cura Administrators

Cura Administrators (Pty) Ltd, an authorised Financial Service Provider (FSP 26848)

GAP COVER CLAIM FORM

829 Rubenstein Drive, Moreleta Park, Pretoria, 0044
Telephone: 010 021 0260 I Email: clientservices@curaadmin.co.za
Compliance Officer: Moonstone Compliance (Pty) Ltd

Please ensure that the following documents are included as part of the Claim Form:

- **Cura Administrators claim form completed and signed by the policyholder.**
- **Detailed hospital and related accounts substantiating your claim.**
- **Medical scheme statement reflecting all the payments made by your medical scheme for the treatment dates of the health event.**
- **Completed medical reports substantiating the clinical information or any other documentation if requested by our claims team.**
- **Pre-authorisation letter from your medical scheme for procedure**
- **Proof of banking details**
- **Value Added Benefit claims: documentation and certification which may include reports from a registered medical practitioner confirming total permanent disability.**
- **Initial Cancer Diagnosis: we require a histology report.**

POLICY HOLDER DETAILS

Cura Policy **Date Joined** **Cura Policy Number**

Surname **Initials** **Title**

ID/Passport Number **Date of birth** **Gender** **Male** **Female**

Telephone (H) **Cell Phone**

Telephone (W) **Email Address**

PATIENT DETAILS

Name & Surname **Title**

ID/Passport Number **Date of birth** **Relationship to Policyholder**

Contact Number **Email Address**

Medical Scheme **Medical Scheme Option**

Medical Scheme No. **Date Joined**

Please complete this section if your claim relates to our Accidental Death benefit

Name of Beneficiary **Title**

ID/Passport Number **Date of birth** **Relationship to Policyholder**

Contact Number **Email Address**

(If the patient is a minor, the form must be signed by the parent or guardian, who confirms that they are the competent and authorised person to sign on behalf of the minor)

Patient / Beneficiary Signature **Date**

BANK ACCOUNT DETAILS FOR CLAIM PAYMENTS

Name of Account Holder

Name of Bank **Account Number**

Branch Name **Branch Code**

Type of Account **Current Account** **Transmission Account** **Savings Account** **Other**

Signature as used for operating on the account **Date**

DECLARATION BY POLICYHOLDER

I, the undersigned, hereby declare:

1. That I understand that this is an Health and Accident 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 are 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.
3. I specifically consent to Cura Administrators (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my claim form. I further consent to such information being disclosed to Cura Administrators(Pty) Ltd for purposes of verifying the disclosed information as provided on my application form.
4. As part of the claims validation process we may use the services of a 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. Cura Administrators(Pty) Ltd reserve the right to call for additional information of a clinical nature. In the event that Cura Administrators requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
6. I authorise Cura Administrators 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 policyholder or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. Cura Administrators will require the full name, surname and ID to note the beneficiary. At the time of a claim Cura Administrators 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 Cura Administrators be unable to confirm the identity of the beneficiary, payment will always be made into the policyholder's account.

Signed at **on this** **date of** **20**

Signature of Policyholder / Authorised Signature

BROKER DETAILS *For Office Use Only*

Broker House

Representative