

# Travel/ International Claims Form



NB: This form must be submitted within four months of the date of service. Claims older than four months will not be processed.

This form should be completed when medical costs are incurred outside the borders of the Republic of South Africa. Please ensure that this claim form is accompanied by the original account as well as a translation into English.

**Please complete all the applicable details in full.**

## Section A: Member details

Membership no.

Persal/employee/pension no

Organisation

Surname

Full first name/s

Initials  Title (Mr, Mrs, Ms or other)  Gender  M  F

ID no.  Date of birth

Tel no. (H) ()  (W) ()

Cell phone no. ()  Fax no. ()

Email address

## Section B: Claim information

Country where treatment was received or services were rendered

Nature of trip  Business  Private

- If for business, are the costs covered by your employer?  Yes  No
- Are you currently residing in RSA or abroad?  RSA  Abroad

If abroad, please provide details of your length of stay. Length of stay

Are you claiming from travel insurance?  Yes  No

Details of travel insurance, i.e. insurance number and contact details

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Kindly provide a reason if you are not claiming from travel insurance

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Type of doctor (e.g. General practitioner, pathologist, etc.)

Kindly indicate where the treatment or service was rendered:  Hotel/house  Doctor's room

In hospital  Other, please elaborate

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Date of service or treatment

Diagnosis

Type of treatment

## Section C: Treatment/service rendered in hospital

Name of hospital

Date admitted  Date discharged

Details of diagnosis and type of treatment received in the hospital

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Type of ward in which the treatment was received (e.g. General, ICU or special ward)

Actual number of days spent in the ward  Was an operation performed?  Yes  No

If yes, please state the type of operation performed

Provide details of other procedures performed such as x-rays, blood tests, etc.

Does the hospital fee include any doctor's fee not previously detailed?  Yes  No

If yes, please provide details

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## Section D: Declaration

I declare that the content of this form and its supporting documents are true, correct and complete.

Main member's signature \_\_\_\_\_

Date

**NOTE: Payment of benefits in respect of all services and procedures performed will be subject to the rules of the Scheme.**