



Required documents to process your claim

The following documents must accompany this claim form (which must be fully completed).

Please tick the required documents included with your claim form.

• Histology report	<input type="checkbox"/>
• Oncology treatment plan	<input type="checkbox"/>



Declaration

I declare that the above particulars are true in every respect and I attach or will forward as soon as possible copies of all hospital, medical accounts and relevant medical aid statements. I hereby authorise any hospital, physician, medical aid or other person who has attended to or examined me or my dependants, to furnish to the company or its authorised representative any information with respect to any illness or injury, medical history, consultations, prescriptions or treatment and copies of all hospital or medical records.

You hereby authorise and mandate us to obtain all necessary information from your Medical Scheme, including but not limited to biographical information, benefit and claim information, and medical information.

You hereby authorise us to negotiate with and request your Medical Scheme to re-assess your claims, negotiate any discount with the relevant Service Providers on your behalf, pay the benefit payable in terms of the Gap Cover Policy directly to the Service Provider, should a discount be negotiated.

I consent to Ambledown or any authorised 3rd party from obtaining and processing my (or my dependents) personal information and I understand why my /their personal information is required and the purpose it will be used.

This consent and mandate will remain in force until withdrawn in writing. I acknowledge I have the right to request from Ambledown details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed and to lodge a complaint with the Information Regulator.

This consent and mandate will remain in force until withdrawn in writing.

Except to the extent that we acted with gross negligence or fraudulent intent, you hereby indemnify us and undertake to hold us harmless against any loss, damage, legal liability, legal costs (including costs on an attorney and client scale) or expenses of whatever nature we may suffer or become liable for alleged to arise or arising from the consent and mandate you provided to us in accordance with this Agreement.

SIGNATURE OF THE PRINCIPAL INSURED PERSON

SIGNATURE OF THE INSURED PERSON
(if different from the principal insured)

DATE

D	D	M	M	Y	Y	Y	Y
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(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)

In case of minor:

Name of the competent and authorised person: _____

Relationship to the minor Insured Person: _____

Please return to your broker or alternatively:

Ambledown Financial Services (Pty) Ltd, PO Box 1862, Cramerview, 2060

Tel Number 0861 262533, Fax Number 011 463 1600, E-mail Address: claims@ambledown.co.za

Brokerage: _____

Tel number:

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FSP number: _____

Email address: _____



Broker Details: Aon South Africa (Pty) Ltd
FSP number: 20555
Aon Resolution Centre - 086 0100 404, arc@aon.co.za



Guardrisk Insurance Company Limited, a licensed Non-Life insurer and an authorised Financial Services provider (No.75)