



**pandemicshield™**

# Claim Form 2020

(SUBJECT TO TERMS AND CONDITIONS OF THE PANDEMIC SHIELD POLICY WORDING) Please complete the Application Form in Block Letters and send completed application form and supporting documents to [claims@sirago.co.za](mailto:claims@sirago.co.za)

## Policyholder Details

Name and Surname

ID/ Passport Nr.

Policy Number

### Contact Details

Mobile Nr.

Work Nr.

Fax Nr.

Email Address

Postal Address

Code

Residential Address

Code

Submitted documents

Claim form

Pathologist's report (confirming positive results for Pandemic)

Hospital account (stating admission and discharge date)

Other

Admission date

Discharge date

## Banking Details for refunds

Should you not complete this section, it will result in us using your debit order details

Name of account holder

Account nr

Bank

Account type

Signature of account holder

Date



Pandemic Shield is administered by Sirago Underwriting Managers (Pty) Ltd, an Authorised Financial Services Provider (FSP: 4710), underwritten by GENRIC Insurance Company Limited (FSP: 43638). GENRIC is an Authorised Financial Services Provider and registered Short-term insurer.



## Declaration by applicant

I, the undersigned, hereby declare:

1. That I understand that this is an Accident and Health 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 is 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. You hereby waive any right to privacy of any insurance information provided by you or on your behalf, in respect of any insurance policy or claims you lodge. You also consent to this information being disclosed to any other insurance company and/or verified against other legitimate source or a database.
3. I specifically consent to Sirago Underwriting Managers (Pty) Ltd contacting my current Medical Scheme and/or medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to Sirago Underwriting Managers (Pty) Ltd for purpose of verifying the disclose as provided on my application form.
4. As part of our claims validation process we used the services of a contracted 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. We reserve the right to call for additional information of a clinical nature. In the event that Sirago requests a PMA (Post Medical Assessment) from your doctor as part of the claims assessing and authentication process
6. I authorise Sirago Underwriting Managers 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 principal or nominated beneficiaries account. The beneficiary must be noted on the policy prior to any loss. We will require the full name, surname and ID to note the beneficiary. At the time of a claim we 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 we be unable to confirm the identity of the beneficiary, payment will always be made into the principal policyholders account.

Name and Surname

Signature of policyholder

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### Please Note:

You need to report your claim to us as soon as possible but not later than 31 (thirty-one) days after any health event. This includes events for which you do not want to claim but which may result in a claim in the future. Should you be incapacitated and not be able to make contact, you may get someone to contact us on your behalf.

For you to prove a claim, all required relevant documents must be submitted to us within 90 (ninety) days after your hospitalisation. We shall not be liable for claims where the documentation is received outside of this period.

Claims can only be assessed for payment once your completed claim information is received. This information consists of the following:  
Fully completed and signed claim form for each event.

Proof from the hospital, on their letterhead or a hospital statement, stating the date of admission and date of discharge.

Pathologist report stating that you tested positive for the declared PANDEMIC.

We reserve the right to call for additional information of a clinical nature.

All policy terms apply to each claim submitted.