PPS CRITICAL ILLNESS/ SEVERE ILLNESS CLAIM FORM – MEMBER (NAMIBIA)

Please indicate which benefit you are claiming for:

Critical Illness Cover		**Child Critical Illness Cover**		**Severe Illness Benefit**	
***CatchAll Cover**		***CatchAll Cover**			
***Expander Rider Benefit**		***Expander Rider Benefit**			
***Exact Rider Benefit**		***Exact Rider Benefit**			

***** Optional extra, only applicable to policyholders with this benefit.

REQUIREMENTS

Claims in respect of the Critical Illness Cover and Severe Illness Benefit should be submitted with the following supporting documents:

PPS CRITICAL ILLNESS COVER AND SEVERE ILLNESS BENEFIT

- PPS Critical Illness and Severe Illness Benefit claim form -Member, completed by the life insured/policyholder.
- PPS Critical Illness and Severe Illness Benefit claim form – Doctor, completed by the treating medical specialist.
- Detailed medical report, this will include copies of all relevant medical, blood and special investigations undertaken, PLUS any other relevant documentation, to confirm the diagnosis. A guideline for the details required is provided for easy reference at the bottom of the doctor's claim form. All medical information will be treated with confidentiality. Any costs incurred in obtaining the supporting document/s will be for the life Insured's account.
- Please refer to the list of claim definitions which also explains the different severity levels, in your latest Policy Summary and relevant Appendix, of your PPS Insurance (Namibia) Provider Policy wording.
- If you require assistance with your claim, please contact PPS Insurance (Namibia) telephonically on +264 (0) 61 411 300 for further assistance.
- Submit claim forms and supporting documentation to: namibiaclaims@pps.co.zaor fax to +264 (0) 61 411 330 .

CHILD CRITICAL ILLNESS BENEFIT

In addition to the information listed above, claims in respect of the Child Critical Illness should be submitted with the following supporting documents:

Claim for biological child

- Copy of unabridged birth certificate

Claim for stepchild

- Copy of unabridged birth certificate
- Copy of marriage certificate

Claim for adopted child

- Adoption order

PART A: MEMBER DETAILS

Member number: Date of birth:

Surname:

Initials

Cellular: 0 Tel No. (w): 0

Email address:

Medical aid name: Medical aid no:

PART B: PARTICULARS OF CHILD (to be completed only for Child Critical Illness Benefit)

Name:

Surname:

National ID number / Date of birth:

Biological Child		Step Child		Adopted Child	

PART C: PARTICULARS OF CLAIM

1. Please state the medical condition for which you are claiming:

2. Date of onset of symptoms: D D / M M / Y Y Y Y Date of first consultation: D D / M M / Y Y Y Y

   Date of diagnosis: D D / M M / Y Y Y Y

3. Provide brief details of the chronological history of the condition (from date of onset and progression up to date of diagnosis:)

PART C: PARTICULARS OF CLAIM

4. Please state the name(s) of the doctor(s) and allied medical practitioner(s) that attended to you in respect of this condition:

Note: It may be necessary for our claims area to contact them for further information.

Practitioner's surname and initials	Date of first and last consultation	Telephone number	Email Address
	D D / M M / Y Y Y Y D D / M M / Y Y Y Y		
	D D / M M / Y Y Y Y D D / M M / Y Y Y Y		
	D D / M M / Y Y Y Y D D / M M / Y Y Y Y		
	D D / M M / Y Y Y Y D D / M M / Y Y Y Y		

5. Did the condition originate outside of a SADC country? Yes ☐ No ☐

If yes, specify in which country: _____

PART D: VERIFICATION OF FUNDS

What is the source of the funds being used to pay the premiums for this Product? Please tick the most appropriate option

Salary/Income generated from occupation ☐

Trust ☐

Investments ☐

Other; Please specify:

PART E: BANKING DETAILS

To be completed if Benefits are due to the policyholder.

Should you wish the benefit to be paid into a bank account other than that from which premiums are collected, please complete the details below and provide PPS Insurance (Namibia) with a proof of account. The accepted proof of account must be either a cancelled cheque or a bank-stamped letter on the bank's letterhead. PPS Insurance (Namibia) cannot accept responsibility for incorrect payment of benefits where this information has not been completed correctly.

Name of account holder:

Account type:

Account number:

Name of bank:

Branch name:

Branch code:

IBAN No.: (**)

Bank's Physical address: (**)

Type of Account: Current ☐ Savings ☐ Cheque ☐ Transmission ☐

(**): Required for International payments

PART F: DECLARATION

I specifically authorise PPS Insurance (Namibia) to communicate any requirements to my financial advisor which may entail providing information regarding my current claim. ☐ YES ☐ NO

Financial Advisor's Name:

Financial Advisor's Email

I authorise PPS Insurance (Namibia) to:

a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that if I choose not to provide this information PPS Insurance (Namibia) will not be able to assess my claim for insurance.

b) Share with other insurers and their representation body any information in the possession of PPS Insurance (Namibia) , either directly or through a database operated by, or for insurers as a group and authorise PPS Insurance (Namibia) to also collect my personal information from other insurers as exchange of information helps to save costs and combat fraud. PPS Insurance (Namibia) is further permitted to process any such information in accordance or compatible with the purpose for which it was collected.

c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons provided that it is necessary to properly underwrite, manage, assess the claim or service the policy, policy assets or myself. PPS Insurance (Namibia) may be required to disclose your information to regulatory or government agencies

d) Obtain credit information from any person or institution.

AND

I understand that I can request details of the information held by my insurer and request its correction where appropriate.

AND

I authorise a doctor, hospital, medical aid or any other person to provide this information to PPS Insurance (Namibia).

PPS Insurance (Namibia) will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance (Namibia) will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your PPS Insurance (Namibia) Policy Contract.

Signature of policyholder:

Signed at this day of 20