

2. Details of medical and related expenses incurred

Date of illness, injury or admission to hospital

Country where illness or injury happened

Full name of doctor consulted

Name of hospital admitted to

Total amount claimed in foreign currency for example US dollars, euro etc.

Did you settle these accounts yourself? Yes No

Have you received treatment or attention for this illness or condition in South Africa before? Yes No

3. Details of your treating doctors in South Africa

1. Doctor's name

Telephone

2. Doctor's name

Telephone

Brief explanation of medical incident and details of cause of illness or injury for example car accident
(Dates of admission and discharge, medication and treatment received)

	Date of service	Dependent	Treatment	Claimed amount
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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6.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

4. Declaration

I declare that the information is true and correct.

Signed at (town or city) on

Signature of main member Main member must sign and date any changes

**Please do not sign an incomplete application form
I confirm the information is accurate and complete**