

## INJURY / CLAIM FORM

### Insured

Policy Number			
Name and Surname			
Business			
Cell		Tel Number	
VAT Number		Age	
Address			
Business or Occupation			

### Relationship of insured person to insured

If employee give annual earnings defined in the policy	
If other, specify relationship	

### Injury / illness

When and where did the accident occur or illness commence?			
Place		Time	Date

Give full particulars of the accident and nature of injuries or the name of the illness


### Witness

Name	
Address	

**Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578**

#### Directors:

Dr DP Botha (Chairman)  
T Davey (Managing Director)  
M Appelo  
M Meyer  
M Pretorius

#### Head Office:

A Block A, Block@Nature  
472 Botterklapper Street  
Die Wilgers,  
Pretoria East, 0184

T 086 147 7752  
F 086 538 5983  
www.natsure.co.za

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### Doctor

Name of doctor who attended you	
Address of doctor who attended you	
Name of your usual doctor	
Address of your usual doctor	

### Disablement

Period of temporary total disablement				
Period of temporary partial disablement				
Give date normal occupation resumed				
Has any permanent disablement resulted		Yes		No
If so, give details				

### Other Insurances

Give name of any insurer with whom insured person is insured	

### Previous Claims

Give details of all claims made against insurers or in terms of WCA by the insured person

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### Declaration / Authorization

I / We declare that the above particulars are true and correct in every respect.

### Important

I hereby authorize any hospital, physician, or other person who has attended or examined me to disclose to the company, or its authorized representative, all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Capacity: \_\_\_\_\_ Signature: \_\_\_\_\_

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