



Boskruin Office Park
 President Fouche Avenue
 Boskruin, 2154
 (Entrance Boskruin Village Centre)

Tel: 0861 ZURREAL / 987 7325
 Fax: 011 801 8082

GENERAL CLAIM FORM

Name of Medical Scheme													
Medical Scheme Option							Medical Scheme Number						
Policy Number							Branch Reference Number						

PRINCIPAL INSURED DETAILS

Surname																			Title			
First Name(s) <i>(in full)</i>																			Initials			
ID/Passport Number																						
Contact Details	Home No.	C O D E									Work No.	C O D E										
	Fax no.	C O D E									Mobile No.											
Email Address																						
Postal Address																			Code	C O D E		
Residential Address																			Code	C O D E		

PATIENT DETAILS

First Name(s) <i>(in full)</i>																			Title			
Surname																			Initials			
ID/Passport Number																						

INSURED ACCOUNT DETAILS

Name of Account Holder													Title			
Bank Name							Branch Code									
Account No.							Branch Name									
Account Type																

PLEASE NOTE

Agility Insure must be notified within 90 days of any occurrence which may give rise to a claim. Claims will not be considered for assessment without the following documentation:

1. A fully completed, signed claim form
2. Medical Aid statement showing all amounts paid by your Scheme
3. Clear copies of all account statements
4. Hospital account/Medical Aid statement indicating co-payments imposed by the medical scheme
5. Proof of payment for amounts paid by the insured

Claims must be submitted within 90 days of payment by the medical scheme to qualify for payment. Only claims related to the in-patient admission of a patient will qualify for cover.

Signature of Principal Insured

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

AGREEMENT OF LOSS

1. INTRODUCTION

- 1.1. _____ and the Insured concluded an insurance policy number _____ (“the Policy”). In terms of the Policy, the Insured may be entitled to certain benefits in certain circumstances.
- 1.2. The Insured has submitted a claim under the Policy, which claim related to an incident on _____ (“the Incident”) and was registered by _____ as claim number _____ (“the Claim”).
- 1.3. _____ has agreed to pay the Claim on the terms and conditions of this agreement.

2. PAYMENT

- 2.1. _____ will pay the Insured R _____ (the Payment”) as a result of _____
- 2.2. This Payment has been calculated as follows:

Description of item:	GAP and Co-pay
Settlement	R _____
Less Excess	R _____
Payment	R _____

- 2.3. The Payment will be made subject to the insured signing and returning to this document to _____

3. RELEASE AND DISCHARGE

- 3.1. The Insured fully, irrevocably and forever releases and discharges Agility Insure (including their employees, directors, officers, agents and any other representatives) from any and all liability to the Insured and the Insured’s administrators, executors, heirs or assigns (“other Claimants”) arising in connection with the Claim and the Payment.
- 3.2. The Insured agrees that the Payment precludes the Insured and other Claimants from making any further claim of any nature whatsoever (whether under the Policy or otherwise) against Agility Insure arising from or in connection with the Incident.

4. NO PREJUDICE

- 4.1. The Payment does not in any way affect or prejudice Agility Insure rights and obligations in respect of all and any other benefits of the Policy arising as a result of the Incident.

5. WARRANTIES

- 5.1. By signing this document, the Insured warrants that he/she:
- Fully understands and appreciates the meaning and extent of this document
 - Has signed, and agreed to the terms of, this document freely and voluntarily without compulsion or inducement.
 - Will give the Company and its legal or other representatives all reasonable co-operation and assistance in connection with any rights of subrogation which the Company elects to exercise.

We further certify that the banking details are correct, failing which, Agility Insure is absolved against all direct losses, liabilities, suits, proceedings, costs, claims, demands, charges and expenses (including all legal and professional fees and disbursements) in respect thereof.

Furthermore, we accept that it is your responsibility to inform Agility Insure of any changes in your banking details, failing which, Agility Insure will accept no liability for changes which are not communicated or not communicated timeously.