GENRIC Insurance Company

**Physical Address:** Irene Link Precinct, 7 Impala Avenue
Centurion, 0157
**Postal Address:** PO Box 1115, Bromhof, 2154
**Tel:** 086 144 4462
**Web Address:** www.genric.co.za

# CLAIM FORM

## PRINCIPAL INSURED DETAILS

Pleasecomplete this form in black ink and CAPITAL letters

Name and Surname:

ID number / Passport: | Policy Number:

Date of birth: | Email Address:

Contact details: Home no.: | Work no.:

Fax no.: | Cell no.:

Postal address:

Code:

Residential address:

Code:

Submitted Documents: Claim form ☐ Dr's account ☐ Hospital account ☐ Proof of co-payment ☐ Other

Admission date: | Discharge date:

## BANK DETAILS (Please provide Bank Details for the Member if the Member paid cash or for the Provider if you want us to reimburse them directly)

Name of account holder:

Account no.:

Bank:
- ☐ Standard Bank
- ☐ ABSA
- ☐ FNB
- ☐ Nedbank
- ☐ Capitec
- ☐ Other

Account type:
- ☐ Cheque
- ☐ Savings
- ☐ Transmission
- ☐ Other

Signature of authorised signatory of account holder: | Date:

## DECLARATION BY APPLICANT

I, the undersigned, hereby declare:

1. That to the best of my knowledge and belief the information provided in connection with this application whether in my own handwriting or not, is true and I have not withheld any material facts which are known to me. (A material fact is likely to influence the assessment of this application by GENRIC. If you are in any doubt as to whether a fact is material or not, you should disclose it.)
2. That I understand that any relevant material fact omitted in this proposal form may lead to GENRIC not meeting claims, should the omitted fact have been of such importance that the risk may not have been accepted in the first instance, in terms of the policy. This may lead to the cancellation of this policy or rejection of claims without refund of premiums.
3. 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.
4. 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.
5. I specifically consent to GENRIC contacting my current medical practitioner to verify any medical details as provided in my application form. I further consent to such information being disclosed to GENRIC for purpose of verifying the information disclosed as provided on my application form.
6. That I will advise GENRIC of any changes to my health state between the point of application and actual inception of my policy.
7. As part of the claims validation process GENRIC uses the services of a contracted third party in order to authenticate relevant beneficiaries and other relevant information to validate the claim.
8. GENRIC reserve the right to call for additional information of a clinical nature. In the event that GENRIC requests a PMA (Post Medical Assessment) from my doctor as part of the claims assessing and authentication process.
9. I authorise GENRIC to negotiate with service providers on my behalf for my medical claims and or bill and pay the provider directly.
10. By agreeing to the terms of this consent form, I expressly consent to the processing of my information for marketing purposes and know & understand that by agreeing to same that I may on occasion, receive marketing materials in the form of sms and / or emails and the like from GENRIC.

☐ Yes ☐ No

**Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)**

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date.

We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity.

Should you decide to cancel this insurance contract you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes.

I hereby voluntary consent to GENRIC processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give GENRIC permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: *https://www.genric.co.za*.

Signature of policy holder _____ Date: _____

PLEASE NOTE - GENRIC must be notified within 90 days of any occurance which may give rise to a claim. Claims will NOT be considered for assessment without the following documentation:

- A fully completed, signed Claim Form.
- Clear copies of all account statements.
- Hospital Account

***All policy terms apply to each claim submitted.***