SIRAGO U•M•A

SIRAGO UNDERWRITING MANAGERS (PTY) LTD
REGISTRATION NO: 1993/001387/07 • **VAT NO:** 4950188724

PHYSICAL ADDRESS: Midrand Business Park, Building 3,
563 Old Pretoria Main Road, Midrand, 1685
POSTAL ADDRESS: PO Box 1115, Bromhof, 2154
TEL: 086 10 11 123 • **EMAIL:** info@sirago.co.za

Compliance Officer: Moonstone Compliance (Pty) Ltd
Financial Services Provider (FSP: 4710)

claims@sirago.co.za

GENERAL CLAIM FORM

PRINCIPAL INSURED DETAILS

First Name(s) *(in full)* Title:

Surname: Initials:

Date of Birth: D D M M Y Y Y Y

Policy Number: M E D

ID No:

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

Submitted Documents: M/A Statement ☐ Claim Form ☐ Dr's Account ☐ Hospital Account ☐ Proof of Co Payment ☐

Admission Date: D D M M Y Y Y Y

Discharge Date: D D M M Y Y Y Y

INSURED BANK ACCOUNT DETAILS

Name of Account Holder:

Bank Name: Branch Code:

Account No: Branch Name:

Account Type:

Claiming Product: Gap ☐ CoPay ☐ Combined Cover ☐ Medical Death Benefit ☐ Premium Waiver ☐ MediSec ☐

Signature of Account Holder: ______________________________ Date: D D M M Y Y Y Y

Please Note

Sirago Underwriting Managers(Pty) Ltd 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:

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

All documents 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.

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GENRIC Insurance