

Policy Number

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CLAIM FORM : EXECU-CARE, PRO-CARE, MAXI-CARE AND ELECT-A-CARE

REQUIREMENTS

- Please submit all requirements below to claims@turnberry.co.za or claims1@turnberry.co.za or fax to 086 500 7532 or 086 673 4224

Please note that Turnberry can only consider a claim on the following conditions :

You have 6 months from the date of treatment to provide us with written notice of a pending claim

(all documents must be received within 12 months of treatment date)

- Completed claim form
- Copy of service provider's/doctor's account reflecting all transactions pertaining to the "in-hospital" treatment.
- Copy of the hospital account
- Copy of your Medical Aid's payment statement reflecting all transactions relating to the treatment. (No "acknowledgement of payment" will be accepted)
- Proof of banking details (copy of a bank statement, cancelled cheque or confirmation from the bank in writing)
- Please note, based on the information provided, Turnberry may request additional information.

DETAILS OF THE POLICYHOLDER

Title :		Initials :		First name :			
Surname :							
ID Number :				Date of birth :	Y Y Y Y / M M / D D		
Postal Address :					Postal Code :		
Residential Address :					Postal Code :		
Home telephone number :	()	Work Tel no	()
Fax number :	()	Cell :			
E-mail address :							
Medical aid number :							

DETAILS OF THE CLAIMANT

Title :		Initials :		First name :			
Surname :							
ID Number :				Date of birth :	Y Y Y Y / M M / D D		
Date of Hospitalisation :	Y Y Y Y / M M / D D	TO	Y Y Y Y / M M / D D				
Relationship to policyholder							
Referring Doctor/GP				Tel no:	()

BANK DETAILS OF POLICYHOLDER FOR CLAIM PAYMENT - TO BE COMPLETED FOR ALL CLAIMS

Account holder's name :						
Bank Name :						
Branch Name :					Branch Code :	
Account no :					Acc Type :	

I declare that the banking details provided are correct, failing which, Turnberry is not liable for any losses, charges and expenses. I accept that it is my responsibility to notify Turnberry timeously of any changes in my banking details.

DECLARATION

I warrant that I am legally entitled to receive the benefit in terms of said policy. Turnberry shall not be liable for payment if the cause of accident/illness is related to an exception. In support of a claim in terms of the said policy, I declare that all statements and answers which may now or at any time be given in connection with this claim, whether in my handwriting or not, are true and complete. I understand that any misstatement or non-disclosure, which materially affects the assessment of this claim, will entitle Turnberry to declare this claim null and void.

It is Turnberry's company policy that no third party payments will be made.

Signature of policyholder _____

_____ Date

FOR OFFICE USE ONLY

Claim No :

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Settlement Amount :

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Turnberry Management Services (Pty) Ltd
Reg no : 2000/031522/07
Directors : A Singleton (British), PB Sullivan

Turnberry Management Risk Solutions (Pty) Ltd
Reg no 2007/026488/07
Directors : SS Rayne, A Singleton (British)
FSP no : 36571

Underwritten by Constantia Insurance Company Limited
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