

2. Details of medical aid related expenses incurred

Date of illness/injury/admission to hospital

Country of illness/injury

Cause of illness/injury/diagnosis/symptoms

Treatment or medication received

Full name of doctor consulted

Name of hospital

Total amount claimed in foreign currency eg US dollars, Cipriate pounds

Did you settle these accounts yourself? Yes No

Have you previously received treatment or attention for this illness/condition in South Africa? Yes No

3. Details of your treating doctors in South Africa

Doctor's name

Telephone Fax

Doctor's name

Telephone Fax

Brief explanation of medical incident (Cause of illness/injury, dates of admission and discharge, medication and treatment given.)

Date of service	Dependant	Treatment	Claimed amount
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4. Declaration

I declare that the above information is true in every respect.

Name in full

Signatory

Date - -

Please do not sign an incomplete application form
I confirm the information is accurate and complete