CLAIM FORM: DISABILITY

KEPLER risk services
Kepler Risk Services (Pty) Ltd. Reg No: 2009/021628/07
An Authorised Financial Services Provider FSP 43478

8 First Street, Menlopark, Pretoria 0181 • Tel: 012 649 4550 • Fax: 086 658 9878 • info@kepler.co.za • www.kepler.co.za

DISABILITY CLAIM FORM

SECTION A : DETAILS OF INSURED

Policy Number
Full Names & Surname
Date of Birth (D D M M Y Y Y Y) ID Number
Address
Code
Occupation
Employer Employer's Contact Number

SECTION B : NOMINATED CREDIT PROVIDER DETAILS:

Credit Provider
Loan Agreement Account Number
Outstanding Balance R
Credit Provider Contact Person Name & Surname
Credit Provider Contact Person Contact Details

CREDIT PROVIDER BANK ACCOUNT DETAILS:

Credit Provider
Bank Account Number
Branch Code
Bank
Account Type

SECTION C : KINDLY PROVIDE US WITH THE FOLLOWING

1) Diagnosis of patient's condition _____

2) The Cause of the patient's disability _____

3) Date of Diagnosis 4) Was the patient informed of the diagnosis? Yes No

5) Details of complications or concurrent conditions _____

a) Date of first consultation and treatment with regards to the patient's present medical condition
b) Date of last consultation and treatment with regards to the patient's present medical condition (D D M M Y Y Y Y)
6) Names, Addresses and contact numbers of any other medical practitioners who may be consulted (D D M M Y Y Y Y)
Name Tel
Address
Code

7) Full details of treatment from the date of first consultation to the current date, the results, and the reasons, if any, for change

8) Please provide details of other information, which may be useful to the company in assessing this claim etc.

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9) Please provide us with copies of all investigations, laboratory tests, specialist reports etc.

IMPAIRMENT is the alteration of normal functional capacity, that is, which functions is the person still able to do and which not, due to disease, and in assessment by medical means, after a diagnosis has been established, and appropriate and optimal treatment applied.

DISABILITY is the alteration of capability to meet the personal, social or occupational demands due to impairment, and is judged by non-medical means, that is in conjunction with his job description, policy disability clause condition and personal factors, such as education, experience etc.

For ease of reference we have provided the definitions as accepted by the insurance market of impairment and disability and would request that you do not comment on the nature of the occupational disability unless the details of the policy definition have been made available to you and such a decision specifically requested. As this decision may interfere with your doctor-patient relationship it is in your own interest not to make such comments

We require an objective medical opinion of the impairment experienced by your patient, providing full details of all limitations in movement, use or restriction

The details of all treatment from the elementary to the most advanced will provide us with a full picture of the condition and its progression

Thank you for our assistance in this claim

SECTION D : DECLARATION

Name
Tel
Address
Qualifications
Practice Number
Code

Signature _____ Date D D M M Y Y Y Y

SECTION E : SUPPORTING DOCUMENTATION REQUIRED:

- Disability Claim Form
- Copy of Loan Contract
- Copy of Kepler Risk Services Policy Certificate
- Client/Borrower Statement from your Loan Management System
- Copy of Policyholders Identity Document
- Medical Report(s) from the physician relevant to the Disability being claimed for
  > Ensure that the relevant claim form is completed by the attending physician.
  > Please note that this claim will be forwarded to the Underwriter for assessment.