

genesis

MEDICAL SCHEME

INJURY REPORT FORM

This information given herein must be attested by a Commissioner of Oaths, which service is obtainable free of charge in any Police Station or Post Office.

| | | |
|---------------------------|-------------|--------------------------|
| Domestic Injury | Assault | Motor Car Accident (MCA) |
| Motorcycle Accident (MCA) | Work Injury | Other |

| | | |
|---|---|--|
| 1. | Membership Number: | |
| 2. | Member's Full Names: | |
| 3. | Name of injured Beneficiary: | |
| 4. | Police Station where MCA Accident/Assault was reported: <i>NB: Accounts arising from accident/assault not reported at a police station will not be considered for payment</i> | |
| 5. | Police Case Number: <i>Please attach the police report, copy of drivers licence and copy of ID document to this form (COMPULSORY)</i> | |
| 6. | Date of accident/injury: | |
| 7. | Details of place and how the accident or injury occurred <i>(Please be as specific and detailed as possible):</i> | |
| 8. | In the event of injuries occurring at school, the school must provide written confirmation of their insurance status. | |
| 9. | Which firm of attorneys do you intend briefing to institute a claim against the negligent/guilty party? | Name of Firm: _____ |
| | or | Attorney: _____ |
| | | Address: _____ |
| | Contact number: _____ | |
| | Confirm that you nominate to the following attorney to institute a claim against the negligent/guilty party: | Anthony Batchelor of A Batchelor & Associates Attorneys P O Box 8160, Roggebaai, 8012 Tel: 021 422 1182 Email: info@batchelor.co.za |
| 10. | Please supply details of your insurance provider & policy number <i>(COMPULSORY in the event of MCA):</i> | |
| 11. | Were safety precautions taken in respect of the accident/injury? <i>(PS: PRIOR to the accident/injury)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. | Please specify the safety precautions taken: | |
| <p><u>Kindly have the Attorney's undertaking attached hereto, signed by the attorney instructed to attend to your third party claim, stating that Genesis Medical Scheme will be reimbursed for medical costs incurred once the claim is finalised. NB! Only once this undertaking is received will the Scheme make payments for any medical costs arising out of the accident/injury.</u></p> | | |

SIGNATURE OF MEMBER

DATE

THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE UNDERSTANDS THE CONTENTS OF THIS DOCUMENT.

SIGNED AND SWORN/AFFIRMED BEFORE ME AT _____
ON THIS _____ DAY OF _____ 20____

SIGNATURE OF COMMISSIONER OF OATHS: _____

