

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.

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

| | | | |
|-----|---|--|---|
| 1. | Membership Number: | | |
| 2. | Main Member's Full Names: | | |
| 3. | Name of Injured Beneficiary: | | |
| 4. | Police Station where MVA/MCA/Assault was reported: NB Accounts arising from accident or assault not reported at a police station will not be considered for payment | | |
| 5. | Police Case Number: In the event of MVA/MCA/Assault please attach the police report, copy of drivers licence and copy of ID document to this form (COMPULSORY) | | |
| 6. | Date and Time of accident/injury: | Date: | Time: |
| 7. | Precise details of place and how the accident or injury occurred: (full address required of where the accident/injury occurred) | | |
| 8. | Which firm of attorneys do you intend briefing to institute a claim against the negligent/guilty party? | Name of Firm: | |
| | | Attorney: | |
| | | Address: | |
| | | Contact number: | |
| | or Confirm that you nominate to the following attorney to institute a claim against the negligent/guilty party: SIGNATURE _____ | DSC Attorneys P O Box 1456, CAPE TOWN, 8000 Tel: 021 410 1200 Email info@dsclaw.co.za | |
| 9. | Please confirm if you have insurance (yes or no), if yes please provide the details of the provider & policy number (COMPULSORY in the event of all accidents or injuries) | Yes | Policy details <input type="checkbox"/> No <input type="checkbox"/> |
| 10. | Were safety precautions taken prior to the accident/injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Please specify the safety precautions taken: | | |

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. In the event of your having appointed a firm of attorneys in section 8 to pursue a claim on your behalf against the negligent party, all legal costs will be as per agreement between the Member and appointed attorney.

SIGNATURE OF MAIN 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: _____

