



TD Administrative Services (Pty) Ltd
 Reg No 2014/090534/07
 An authorised financial service provider (FSP 7379)
 Tel: 086 111 2348
 E-mail: claims@tdas.co.za
 Unit 1, Coram Park
 86 Ferero Avenue
 Randpark Ridge, 2169
 www.tdas.co.za

GAP CLAIM FORM

SCHEME	GAP
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Member details:

Full name of member: _____

Identity Number:

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Date of joining scheme: _____ Employer: _____

Contact telephone: _____ Email: _____

Postal Address: _____

Patient details (if the patient is not the member)

Full name of patient: _____

Relationship to member: _____

Identity Number:

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Medical Aid Details:

Medical Aid Company: _____ No: _____ Option: _____

Has any other medical insurance been claimed?

Yes		No	
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If yes, please advise _____

Reason for hospitalisation (must be completed in full):

Hospital Name _____	Date Discharged _____
Date Admitted _____	
Documents attached:	Payment details:
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Front page of the hospital account <input checked="" type="checkbox"/> Copies of all service providers accounts being claimed <input checked="" type="checkbox"/> Medical aid statements relating to the above accounts <input checked="" type="checkbox"/> Confirmation of banking details 	Bank: _____ Branch Code: _____ Type of account: _____ Account Number _____ Account name: _____

For security, payment must be made directly into your bank account. No payment will be made in favour of a third party
 We do not take responsibility if incorrect bank details are given.

PRIVACY STATEMENT

We respect the confidentiality of your personal and medical information as well as your privacy. We need to share your personal or medical information, or both, with third parties including the insurer of your risk benefits. The insurer will be required to share your information with third parties that are other insurance and/or reinsurance companies, or service providers that may assist them in assessing and managing the risk or servicing you. We and the insurer, impose the same strict confidentiality standards on these third parties as is applied by us. By providing the required personal and medical information, and signing this form, you hereby confirm that you consent to us processing and sharing your personal and medical information with other third parties and the insurer. We and the insurer will treat this information with caution, and we have put reasonable security measures in place to protect it. The information provided will only be used for its intended purpose and will not be shared with another organisation for marketing additional products and/or services to you.

Declaration:

I confirm that the information supplied is true and correct to the best of my knowledge and belief and I have not withheld any material facts. Should there be a change in the information, I will immediately notify TD Administrative Services (Pty) Ltd in writing of such change.

I understand that the administrator has the right to request additional documents they regard as necessary to verify the claim and that incomplete details may cause delays. I hereby authorise any hospital, physician or other person who has attended or examined me or my dependants to furnish to the company, or its authorised representative, any information with respect to any illness or injury, including medical history, consultation history, prescriptions and treatment and copies of all hospital and medical records. A photostat copy of this authorisation shall be considered as effective and valid as the original.

I understand that if I have given wrong information or failed to give information that materially affects the assessment of this claim, the insurer, Guardrisk Insurance Company Limited, will have the right to declare this claim null and void.

I further provide consent that the aforementioned information may be verified via third party sources such as credit bureaus if required (e.g. TransUnion). I have read, understand and agree to the privacy statement in this form which includes the collection and processing of personal information. If I am agreeing to the aforementioned on behalf of someone else, I confirm that I have the necessary approval and/or mandate to do so.

Members Signature:

Date:

TD Administrative Services (Pty) Ltd (Reg. No 2014/090534/07) is an authorised Financial Services Provider (FSP 7379) and is acting as a non-mandated intermediary on behalf of Guardrisk Insurance Company Limited (Reg. No 1992/0016939/06), the Insurer of this policy, in terms of an agreement between the parties entered into as required in terms of section 48 A of the Short-Term Insurance Act No 53 of 1998. TD Administrative Services performs binder and administrative functions.