

## **Total Risk Administrators**



GAP COVER CLAIM FORM



**TOTALRISKADMINISTRATORS** 

An authorised Financial Services Provider | FSP no. 40815 T: 011 372 1540 | F: 011 372 1579 | www.totalrisksa.co.za

Auto & General Insurance Company Limited, a licensed non-life Insurer & Financial Services Provider -Reg No 1973/016880/06

**IMPORTANT INFORMATION!** 

Please complete the form and return to Total Risk Administrators for attention TRA Claims Department via email to claims@totalrisksa.co.za OR by fax to 011 372 1579 OR by post to P.O. Box 8012, Greenstone, 1616

	SECTION 1: PEF	SONAL DETAILS
Medical Scheme		Med Aid No
Option		Gap Policy No
Title	Mr Mrs Ms	Other Initials
First Names (in full)		
Surname		
Date of Birth	Y Y M M D D	ID Number
Contact Numbers		
Email Address		

POSTAL ADDRESS						COMMENTS						
Code												
SECTION 2: 0						2: C	LAIM DETAILS					
Beneficiary Name			eatment Date						Provider Na	me	Practice Number	Amount Claimed
	Υ	Y	М	Μ	D	D						
	Y	Y	М	М	D	D						
	Y	Y	М	М	D	D						
	Y	Y	М	М	D	D						
<b>-</b>											TOTAL	

It is very important that the medical aid statement reflecting the claims submitted, the hospital account and the doctor's statements are provided with this claim! If these documents are not attached it will be considered an invalid claim.

SECTION 3: REQUIRED DOCUMENTATION								
The following documentation is required BEFORE a claim can be processed:								
First 2 pages of Hospital Account Medical Aid Statement Doctor / Service Provider Statement								
Please use the tick boxes above to ensure you have included the required documentation.								
When submitting a CO-PAYMENT claim, please include the following documentation:								
Medical Aid Pre-authorisation letter showing requirement of co-payment								
Proof of payment of co-payment to provider								

All claim refunds will be paid into the bank account as per our system. For banking detail changes, please contact our Membership Department on membership@totalrisksa.co.za / 011 372 1540

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the undersigned, declare that the afore-going details are, to the best of my knowledge true, correct and complete.

Date

As per the terms and conditions of this policy all the required information must be submitted to TRA within 6 months from date of treatment after which the claim will be considered "stale". Refunds are generally made directly into the policyholder's bank account.