



Total Risk Administrators GAP COVER CLAIM FORM

Auto&General

TOTALRISKADMINISTRATORS

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

Underwritten by:
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: PERSONAL DETAILS

Medical Scheme Option	<input type="text"/>	Med Aid No	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	Gap Policy No	<input type="text"/>
First Names (in full)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	ID Number	<input type="text"/>
Contact Numbers	<input type="text"/>		
Email Address	<input type="text"/>		

POSTAL ADDRESS	COMMENTS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Code <input type="text"/>	<input type="text"/>

SECTION 2: CLAIM DETAILS

Beneficiary Name	Treatment Date	Provider Name	Practice Number	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			TOTAL	<input type="text"/>

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

I, _____

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

MEMBER SIGNATURE

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.