

**BISHOPS SCHOLARS PERSONAL ACCIDENT POLICY NO: 03GPA5178277
GROUP PERSONAL ACCIDENT CLAIM FORM**

AIG CLAIM NO:

THIS SECTION TO BE COMPLETED BY THE DOCTOR ATTENDING TO THE PUPIL	THIS SECTION TO BE COMPLETED BY THE SCHOOL AUTHORITIES
<p>I certify that (Name of Pupil) was under my care suffering from: Are any injuries of a permanent nature (in addition to the initial injury and prognosis) likely to result? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details: When can the pupil return to school? DOCTOR'S SIGNATURE: ADDRESS: TELEPHONE NUMBER:</p>	<p>NAME OF SCHOOL: Diocesan College (known as Bishops) CONTACT PERSON: TELEPHONE NUMBER: ADDRESS OF SCHOOL: DATE OF SUBMISSION OF CLAIM: SIGNATURE OF PRINCIPAL OR SCHOOL OFFICIAL: NAME OF PUPIL: AGE: GENDER: GRADE: DATE OF ACCIDENT: PLACE OF ACCIDENT: DESCRIBE ACCIDENT AND INJURIES: IF SPORTS INJURY, PLEASE TICK: <input type="checkbox"/> Rugby <input type="checkbox"/> Hockey <input type="checkbox"/> Cricket <input type="checkbox"/> Other</p>

<p><u>BANKING DETAILS (For claim reimbursement)</u> Name of Parent / Guardian / Account Holder Bank Name Branch Code Account Number</p> <p><u>EMAIL ADDRESS (For confirmation of payment)</u></p>
--

PLEASE HAND FORM TO BISHOPS SAN SISTER

Important Information:

1. Incidents must notified to the Insurers per e-mail as soon as possible after the event.
2. The completed claim form and medical accounts must be submitted as soon as possible.
3. The medical accounts will be paid by the Insurers into the banking accounts of the parents/school and it is the responsibility of the parents to ensure that the accounts are paid.
5. For claim reimbursement, kindly complete the personal banking and account holder details of the Parent / Guardian to whom payment is to be made as well as the email address to which confirmation of the payment must be sent.
- 6 If accounts were settled by medical aid savings, a letter is required from such medical aid and the amount can be re-imbursed.
- 7 Marsh is not in a position to authorise any medical procedures to any medical institutions or service providers.

Administered by:
MARSH (Pty) Ltd

AIG GROUP PERSONAL ACCIDENT POLICY NO: 03GPA5178277

Please take careful note of the following important information

PROCEDURES TO BE FOLLOWED IN CASE OF A CLAIM

1. It is the responsibility of the parents/guardian to ensure that the medical accounts are paid.
2. The onus is on the parent/guardian to ensure that the section of the claim form to be completed by the attending doctor is completed in full.
3. The parent/guardian needs to complete the entire section of the boy's details as well as where and when the accident occurred, with a brief description of the injury.
4. For claim reimbursement, kindly complete the personal banking and account holder details of the parent/guardian to whom payment is to be made as well as the email address to which confirmation of the payment must be sent.
5. Copies of all accounts and proof of payment slips must be attached to the completed claim form.
6. If you have a medical aid, please clarify whether it is a hospital plan only or full medical aid.
7. If you claim from your medical aid, you may not claim from the School Insurance.
8. A medical aid statement for 3 months after the incident will need to be provided as proof that no claim was made from the medical aid.
9. Should you claim from your medical aid and there is a short fall that you have paid, a copy of the medical aid statement showing the shortfall must accompany all the other documents.
10. If accounts were settled by medical aid savings, a letter is required from such medical aid and the amount can be reimbursed.
11. If treatment is likely to be lengthy, the attending doctor must provide a signed and dated motivational letter indicating an estimated period of time for treatment.
12. All claim forms and accounts with proof of payment must reach the San Sister as soon as possible so that the claim can be registered with the insurer. This needs to be submitted no later than 30 days after the accident or injury. Further accounts may be added as they occur.
13. If the claim is submitted late, please provide a covering letter stating why the submission is delayed.

SAN SISTER TEL. NO. (021) 659-1021