

2. Details of medical and related expenses incurred (continued)

Name of hospital admitted to

Total amount claimed in foreign currency eg US dollars, British pounds

Did you settle these accounts yourself? Yes No

3. Details of your treating doctors in South Africa

1. Doctor's name

Telephone Fax

2. Doctor's name

Telephone Fax

Brief explanation of medical incident and details of cause of illness, for example car accident (dates of admission and discharge, medicine and treatment given.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

	Date of service	Dependant	Treatment	Claimed amount
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Declaration

I declare the above details are true.

Names in full

Signature

Date 2 0 Y Y M M D D