

# MEDICAL REPORTS FOR DEATHS-NAMIBIA



The Professional Provident Society Holdings Trust No IT 312/2011 (PPS Holding Trust) is a Registered South African Trust Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance") Professional Provident Society Insurance Company (Namibia) Limited Reg. No. 2003/122 ("PPS Insurance (Namibia)")-PPS Insurance is an Administrator of PPS Insurance (Namibia).

Estate Late:

National ID number/Passport if no ID:

### IMPORTANT

- This certificate is required in addition to the Registrar's Certificate of Death.
- The Medical Practitioner should send it to PPS Insurance (Namibia) at [namibiaclaims@pps.co.za](mailto:namibiaclaims@pps.co.za) / Fax: +264 (0)61 411 330
- PPS Insurance (Namibia) agrees to pay an internal agreed rate. The details are available from executor/beneficiary. In order for payment to be processed, we require an invoice of account.

## PART A: DETAILS OF MEDICAL PRACTITIONER

I, the undersigned (please print):

HPCNA Reg No.:  A registered medical practitioner,

Home  Business  Postal address:

Postal Code:

Cellular:  Tel Home/Business:

Email:

National ID number/Passport if no ID:

Certify that the following facts are true and correct in respect of the death of the late (full name):

### 1. General

(a) Were you the deceased's family doctor? YES  NO

If yes, since what date?  /  /

(b) If not, please supply the name and address of the deceased's family doctor:

### 2. Details of death

(a) Date of death:  /  /

(b) Cause of death:

ICD 10 Code:

(c) Contributory Cause (if any):

ICD 10 Code:

(d) Dates of first and subsequent consultations in respect of the disease that caused the death:

(e) Was the deceased informed of this diagnosis? YES  NO

(i) If so, when was the condition first diagnosed:  /  /

(ii) Please provide the name and contact details of the medical practitioner that diagnosed the condition, if not diagnosed by you:

(f) State the nature of treatment from onset of the illness up to the date of death:

(g) Was an inquest held? YES  NO

If yes, state if it was a Private or Judicial Inquest?

3. Other diseases or complaints that the deceased consulted you about: Nature of Illness or complaint Treatment

Nature of Illness or complaint	Treatment	Date of first and subsequent consultations

4. Consultations with other medical practitioners including specialists of which you are aware?

Name	Address	Phone	Fax

5. Habits:

In your opinion did the deceased ever suffer from one of the following? Provide details to those questions answered yes.

(a) Depression / anxiety YES  NO

(b) Alcohol abuse YES  NO

(c) Drug abuse YES  NO

(d) Did the deceased receive any treatment or therapy for any of the above? If so, please provide details. YES  NO

6. Additional Information:

(a) Is there any reason to believe that the deceased's death is in any way due to or that it arose directly or indirectly, entirely or partially from AIDS or HIV infection? If yes, please give details: YES  NO

(b) Was the deceased ever tested for HIV? If yes, please give details, including date of diagnosis. YES  NO

