## PPS PROFESSIONAL HEALTH PRESERVER- MEMBER

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



INSURANCE NAMIBIA

## PARTICULARS OF LIFE INSURED

The relevant definitions for these benefits are contained in yo	our Policy Document should you wish to refer to them.	
Member number:	ID number:	
Name:		
Surname:	Initials	]
Telephone number (h):	Telephone number (w):	
Cellphone:		
Email:		

## **DETAILS OF CLAIM**

Date of first consultation:

Please note the assessment of this claim may depend on the severity of your condition.

Diagnosis:									
Date of diagnosis:	D	D	Μ	Μ	Y	Y	Y	Y	

D D Date of onset of symptoms: D M Μ

Name of current and previous medical practitioners who have treated you for this condition:

Y Y Y Y

MM

Doctor's name	Contact details	Speciality	Date of last consultation

Is there further treatment planned for this condition? Please provide details:

In order to assess this claim timeously, full and comprehensive reports regarding the medical condition are required from the specialist/s that attended to you. This will include all relevant medical, blood and special investigations reports, PLUS any other relevant documentation. All medical information will be treated with confidentiality. Reports are to be supplied at the member's own cost.

Important: please submit these reports to namibiaclaims@pps.co.za or fax to +264 (0)61 411 330.

### VERIFICATION OF SOURCE OF FUNDS

What is the source of the funds being used to pay the premiums for this Product? Please tick the most appropriate option:

Salary/ Income generated from occupation:

Trust:

Investments:

Other; please specify

**NOTE** Only complete when payment is to be made into a bank account other than from which premiums are collected:

#### (Please attach a cancelled cheque or bank statement stamped by the bank).

IMPORTANT PPS Inst	Jrance (Nan	nibia) will only	pay benefits i	into a Namibian Bank	Account.	
Name of Account Hold	er:					
Name of Bank:						
Account No:						
Branch Name:				Branch Code:		
Type of Account:	urrent	Savings	Cheque	Transmission		

#### Indemnity - Please take note that PPS Insurance (Namibia) will not be held liable for incorrect payments, if the information received is incorrect.

# DE C L A R A TI O N

I specifically authorise PPS Insurance (Namibia) to communicate any requirements to my financial advisor which may entail providing information

regarding my current medic	cal co	nditic	on.	`	YES		0									
Financial Advisor's Name:																
Financial Advisor's Email:																

#### I authorise PPS Insurance To:

a) Access any information which it deems necessary to assess any insurance risk or to consider a claim and I understand that if I choose not to provide this information PPS Insurance (Namibia) will not be able to assess the claim for insurance.

- b) Share with other insurers and their representation body any information in the possession of PPS Insurance (Namibia), either directly or through a database operated by, or for insurers as a group and authorise PPS Insurance (Namibia) to also collect required personal information from other insurers as exchange of information helps to waive costs and combat fraud.
- c) Disclose any information to the PPS Holdings Trust, subsidiaries, affiliates, Profmed or other persons, provided that it is necessary to properly underwrite, manage or service the policy, policy assets or myself. PPS Insurance (Namibia) may be required to disclose your information to regulatory or government agencies.
- d) Obtain credit information from any person or institution AND

I understand that I can request details of the information held by my insurer and request its correction where appropriate.

AND

I authorise a doctor, hospital, medical aid or any other person to provide this information to PPS.

PPS Insurance (Namibia) will always do its utmost to prevent any unauthorised disclosure of your personal information. PPS Insurance (Namibia)

will adhere to any laws governing the protection of (and access to) personal information; and will not use your information for any purpose not provided for in your Policy Contract.

Signature of policyholder:	Signature	of p	policy	hold	ler:	
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Date:	D	D	Μ	Μ	Y	Y	Y	Y	