



Have you ever received treatment for this or a related illness:  Y  N

If **YES**, please attach medical practitioner's report stating what treatment was received within 24 months prior to the commencement of your journey.

**Name and telephone number of your local medical practitioner:**

Name:  Tel. no.:

Did you notify International SOS that you require treatment?  Y  N

If **YES**, when and where?

If **NO**, please give reasons why not:

**FOR OFFICE USE**

Rand exchange value:

Date of exchange:

Authorised for payment:

**3 DECLARATION AND AUTHORITY**

I hereby declare that all the information provided on and with this claim form is correct and true in every respect and that the signing of this claim form also constitutes written authority for the Scheme to inspect or investigate any medical records or details relevant to this claim. I further declare that I am aware that any misrepresentation and/or non-disclosure in respect of information provided herein shall render the claim null and void.

I authorise any medical practitioner, hospital or other person to provide Profmed and/or International SOS with any information required relating to the medical history and illness/injury to which this claim relates. I agree that this consent shall remain in force at all times, and that a photocopy or fax of this declaration shall be accepted as the original. I agree and accept that Profmed and/or International SOS can request additional information from any medical practitioner, hospital or any other person in relation to this claim not specifically requested herein, on completion and submission of this form and any other documentation as submitted by me.

Member's signature \_\_\_\_\_

Date