



## GENERAL PRACTITIONER'S REPORT

To be completed by patient's usual Family Doctor, who has known patient for 2 years or longer.

**Note:**

This page need only be completed by patients' usual Family Doctor if: (1), the policy is less than 24 months old, or (2), the benefits were increased less than 24 months ago, or (3), the patient was added to the policy less than 24 months ago. The issuance of this form does not constitute an admission of liability under the policy.

The Policy Holder is responsible for payment of any fee in connection with the completion of this declaration.

### SECTION A: PERSONAL DETAILS

DETAILS OF FAMILY / PATIENT'S DOCTOR	
Name:	
ID/Passport No:	
Tel No:	
Postal Address:	Code:
Fax:	
Email:	

1. POLICY NUMBER(S)

2. NAME OF POLICY HOLDER

3. PATIENT
Name:
Date of Birth:

4. HOW LONG HAVE YOU BEEN THE PATIENT'S FAMILY DOCTOR	
From:	To
If less than 24 months, state previous doctor's details	
Name	
Postal Address	
Code	
Fax	
Tel: (Daytime)	

### SECTION B: TECHNICAL DETAILS

5. REASON FOR HOSPITALISATION (applicable box)
<input type="checkbox"/> Illness <input type="checkbox"/> Pregnancy <input type="checkbox"/> Accident

5a. DETAILS OF ILLNESS
Nature of illness
When did patient become aware of illness?
Has patient suffered from this condition before?

5a. DETAILS OF ILLNESS
If yes, give date and details of treatment.

5b. DETAILS OF PREGNANCY
Approximate date of conception
Date of delivery

5c. DETAILS OF ACCIDENT
Date of accident
Details of accident
Injuries sustained

6. WAS HOSPITALISATION IN ANY WAY CONNECTED TO (applicable box)	Y	N
Congenital conditions		
Chronic defects / conditions		
Mental diseases or disorders		
Abuse of Alcohol		
Drugs not administered on or accordance with advice of doctor		
Self-inflicted injury / attempted suicide		
HIV / AIDS related conditions/ illness		
Miscarriage, abortion or any complication therefrom		
Details		

## SECTION C: DECLARATION

### i. Privacy Statement

By completing this form, you have provided AIG with your clients personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your clients). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use this information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

### ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render the claim null and void.

***I/We hereby acknowledge the contents of the statements i-ii above***

DoctorsName: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp:

