



THE HERITAGE A.I.I. INSURANCE COMPANY (T) LIMITED

TDFL Building, Ohio Street, P.O Box 7390 Tel.138476/7/8, Fax 051-138696 Dar-es-Salaam.

MEDICAL EXPENSES INSURANCE CLAIM FORM

I TO BE COMPLETED BY THE CLAIMANT

NB: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS YOU ATTACH ORIGINAL DETAILED ACCOUNTS AND COPY PRESCRIPTION FOR EACH CHEMIST'S CASH SALI.

1. NAME OF POLICY HOLDER POLICY NO.....
2. NAME OF INSURED MEMBER
3. ADDRESS.....
4. PATIENT'S FULL NAMES.....M/NO.....
5. Are you Insured under any other medical expenses scheme, Workmen's Compensation, Personal Accident, etc.....If so give particulars i.e Name of Insurers, Policy No. etc.....
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II TO BE COMPLETED BY ATTENDING DOCTOR

A) SICKNESS:-

- (i) Nature of sickness.....
- (ii) When did sickness start?.....
- (iii) Did the patient suffer from this sickness before?.....if yes, when did it start and how frequent is it
- (iv) In your opinion is this illness chronic or recurring?.....
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B) ACCIDENTS:-

- (i) Date.....Time.....Place.....
- (ii) Was patient on duty/leisure?.....
- (iii) Nature of injuries.....
- (iv) Was accident caused by Third Party?.....If so, what action has been taken/contemplated?.....
- (v) Date of full recovery.....

C) OPERATIONS:-

- (i) When was possibility of operation first known, suggested or considered.....
- (ii) Nature of operation.....
- (iii) Date of operation.....

