



# Claim Form

## Medical & Repatriation Expense Insurance

### How to Claim

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1. Answer all questions below, complete and sign the claim form
2. Attach your original accounts, receipts and your Medibank or private cash fund or cheque rebate voucher for which this claim is being submitted
3. Have your employer or Pay-Master complete the Certificate below
4. Send your claim and supporting documentation to your employer who will forward it on to the above address

### Employers Certificate

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I certify that ..... Is an insured person within the meaning of the policy and has been an insured person:

- |                                   |    |                                        |
|-----------------------------------|----|----------------------------------------|
| * for more than two years         | OR | since ...../ ...../ .....              |
| * is still employed               | OR | terminated service ...../ ...../ ..... |
| * is entitled to dependents cover | OR | is not entitled to dependents cover.   |

Employer.....

Date...../...../.....

Signed.....

\*Tick whichever applicable

Position.....

### All questions must be answered before your claim will be processed

Employees Name .....Address .....

### Section 1 For Medical, Hospital and or Repatriation expense claim

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1. Were any of the charges incurred due to injury or sickness arising out of the patient's employment?  
YES/NO if 'YES' give details.

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2. Are you making any insurance, ambulance fund, compensation or common law claim as a result of any condition for which You are now claiming?  
YES/NO. If 'YES' please give name of company and nature and amount of claim.

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3. Were any of the charges incurred as a result of alcoholism, drug addiction, mental illness, psychotic or psychoneurotic disorders?

YES/NO. Is/was patient hospitalised?

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I hereby authorise any hospital, physician or other person who has attended me, or any employer, to furnish Alpha Insurance Limited or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment, copies of all hospital or medical records and copies of employers. I agree that a photo-static copy of this authorisation shall be considered as effective and valid as the original. I do so solemnly and sincerely declare that the forgoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect to said injury or sickness shall make any false or fraudulent statements or any suppression concealment or untrue averment whatsoever, my cover under the Policy shall be void and all rights to cover hereunder in respect of past or future injuries or sickness shall be forfeited.

Date.....Signed.....



### Medical & Repatriation Expense Insurance Claim Form

Patient's First Name	Relationship & Patient's Age	Name of Doctor or Hospital	Describe Condition for which Treatment Sought	Date of Treatment	Charge for Hospital/ Medical Service