

# Claim Form

## Health Insurance



Please attach all original receipts and supporting documents

### > 1 - Insured's Information

Surname : Maiden Name :

First Names :

Title : Mr/Mrs/Ms/Dr Other:

Sex: Male/Female

Marital Status :

Address :

Email Address :

Tel No Res :

Off :

Mob :

Date of Birth :

National Identity Card :

Occupation :

Is there any other insurance (such as Personal Accident, Medical/Surgical) covering the Insured person?

Yes  No

If 'Yes' please provide details

### > 2 - To be filled by the Treating Doctor/Specialist

Name of Treating Doctor/Specialist :

Nature of Treatment

Surgical  Confinement  Dental Treatment  Medical  Eye Treatment  Hearing Aids

Date of commencement of illness :

Nature of illness/injury (please also complete Section 3, on page 2)

If surgery was performed

Date :

Surgeon's Name :

Was surgery effected for remedying congenital malformation?

Yes  No

Give details of surgery

Signature of treating Doctor / Specialist : .....Date : .....

➤ **3 - If treatment was consequent upon an accident**

Date of accident :

Place of accident :

**Is any third party responsible for the accident**                       Yes    No

If 'Yes'

Name of third party :

Address of third party :

**Has any attempt been made to recover from Third Party?**    Yes    No

If 'Yes' please provide details

**Circumstances of accident**

**Total Expenses Incurred**

➤ **4 - Data Protection**

Cim Insurance Limited is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country

The personal data provided may be used for data sharing by Cim Insurance Limited with other Cim Group companies to advise of, offer and supply other goods and services, for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

**I / We hereby declare that the above statement and facts are true to the best of my / our belief that I / We have not withheld from the Company any information within my / our knowledge connected with this claim. I / We realize that concealment or non-disclosure of any information may render this claim null and void.**

Date : ..... Signature : .....