

INTERNATIONAL CLAIM FORM

Please ensure that all sections of the claim form are fully completed.
 Claims payment may be delayed if all sections of the claim form are not completed.

HOW TO COMPLETE THIS FORM

- Please use one letter for each block, complete with black ink and print clearly.
- Complete all sections below in English only.
- To avoid administration delays, please make sure this form is completed in full.
- Once completed, please fax the form to **011 539 1015** or email it to **member@angloms.co.za** or post it to **PO Box 746, Rivonia, 2128.**

Date of service 2 0 Y Y - M M - D D to 2 0 Y Y - M M - D D

Member name [Grid for name entry]

Surname [Grid for surname entry]

Membership number [Grid for membership number entry]

Do you have any other form of insurance from which you intend to claim for traveling purposes? Yes No

If "Yes", please provide details

		Claimed Amount
Hospital	Type of service received – stipulate the type of ward, i.e.: ICU/general/high care, including number of days. Please provide as much detail as possible	
Doctors and other services	Type of service received. Please provide as much detail as possible	
Medication dispensed	Please supply the name of the drug, dosage and quantity	

Diagnosis	
Total amount claimed	
Currency of claimed amount	
Does any of the treatment you are claiming for relate to a chronic condition or oncology treatment, if so please state which?	

Signature of main member

Date of Submission - -

Please note:

- **International Claims will be refunded in South African rands and not in the currency that you have paid**
- **The allocation of benefits will be subject to the Scheme Rules and the benefits as per your current option**
- **Claims will only be reimbursed at the Scheme Reimbursement Rate**
- **Please attach available claims translated in English and proof of payment**
- **Payment will only be made into a South African bank account.**