ONE

STUDENT EMERGENCY ASSIST CLAIM FORM

POLICYHOLDER DETAILS

Policyholder					
Policy Number					
Contact Person		Cell Number			
Email		Tel Number (W)			
Business Address					
			Code		
Has the Principal been advised of this incident?			Yes		No
Was the Emergency Call Centre used?			Yes		No

SCHOOL BODY DETAILS

Name of school			
Day Tel		Contact person	
Reference No:			

PATIENT INFO

Name and Surname			
Tel Number (H)		Cell Number	
Email			
Home Address			
		Code	
Postal Address			
		Code	
Grade		Date of Birth	
Amount Claimed (Attach Invoices related to date of incident only)			R

DETAILS OF INCIDENT

Date of incident	
Address where incident occurred	
Give full particulars of the incident and nature of injuries. (Use separate sheet if necessary)	
Provide a short statement from teacher on duty	

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Authorised Financial Services Provider FSP8783 VAT No. 4370160501

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Hospital / doctor where treated	
Name and address of doctor who attended	
Name and address of your usual doctor	

MEDICAL AID DETAILS

Who is the main member of the Medical Aid Scheme						
Name of medical scheme			Membership number			
Details of parent/guardian						
Contact details	Tel		Fax		E-mail	
Details of parent/guardian employer						
Contact details	Tel		Fax		E-mail	
Medical Aid Statements relating to claims attached				Yes		No
If No please obtain and submit						

ADDITIONAL INFORMATION

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please click here or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

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ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

_____ _____

Signature Designation

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