



## Certificate of Medical Attendant (In support of death claim)

### *To be completed by the Personal Medical Attendant (Usual Doctor)*

Dear Doctor

The medical information requested in this report is in support of a policy benefit payable for the life insured. Your expertise and advice will provide a vital link in the process of assessing the claim.

As this report is in support of a claim application, any cost in connection with this report will be for the account of the life insured in terms of the policy, unless otherwise specified by FeverTree Finance and confirmed in writing.

We thank you for your co-operation.

### 1. Medical Practitioner details

Full names and surname \_\_\_\_\_

E-mail address \_\_\_\_\_

Business telephone number \_\_\_\_\_

Practice number \_\_\_\_\_

HPCSA registration number \_\_\_\_\_

Qualification \_\_\_\_\_

### 2. Life insured details

Policy number \_\_\_\_\_

Full names \_\_\_\_\_

Surname \_\_\_\_\_

ID number \_\_\_\_\_

Name of hospital/clinic \_\_\_\_\_ Hospital/Clinic file number \_\_\_\_\_

### 3. Medical references

Please give the details of any practitioners, specialists or hospitals to which the insured has been referred. Please include copies of all available specialist reports and any investigations performed.

Name of Doctor	Contact Details of Doctor	Name of facility e.g., hospital name	Consultation Date	Treatment Details	Date of last visit to doctor

### 4. Medical history

Please give a full medical history, including the following:

Date of your first consultation with the insured \_\_\_\_\_

Date of your first consultation with regards to the medical condition which contributed to the death

\_\_\_\_\_

Date of your last consultation with the insured \_\_\_\_\_

Please complete the table below:

Consultation Date	Clinical presentation/symptoms	Diagnoses	Treatment Prescribed	Specialist referral or for further investigation	Compliance with treatment

Has the Insured ever been tested for HIV antibodies? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of test \_\_\_\_\_

Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ N/A \_\_\_\_\_ (PLEASE ATTACH RESULTS)

If so, how much \_\_\_\_\_

Did the insured consume alcohol on a weekly basis? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how many units per week? \_\_\_\_\_

Did you ever advise the insured to reduce their alcohol consumption? \_\_\_\_\_

## 5. Cause of death

Was an inquest or postmortem inquiry held? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the immediate cause of death? \_\_\_\_\_

Date of diagnosis of illness \_\_\_\_\_

Date the Insured first became aware of the symptoms \_\_\_\_\_

Was the Insured suffering from this condition when you were first consulted? YES \_\_\_\_\_ NO \_\_\_\_\_

State fully if any of the following contributed or predisposed to the cause of death:

\_\_\_\_\_  
 \_\_\_\_\_

Previous illness/injury \_\_\_\_\_

Habits \_\_\_\_\_

#### **Declaration by Medical practitioner**

*I hereby declare that I have personally examined and attended to the insured and that the contents of this report are true and correct.*

Full names and surname \_\_\_\_\_

Doctor's signature \_\_\_\_\_

Date and Stamp \_\_\_\_\_

#### **Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013**

The privacy of our Insured is of utmost importance to us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

The Insured's Personal Information will be used to assess the claim for the Insured. You hereby agree to give honest, accurate and up-to-date Personal Information of our Insured to assist us in assessing the risk insured against.

You acknowledge that any Personal Information supplied to us in respect of the Insured is provided according to the Applicable Laws. Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available any Personal Information you have provided in respect of our Insured unless it is a requirement in terms of the Applicable Laws.