

# MOTOR VEHICLE ACCIDENT / INJURY REPORT



Tel: +264 83 3232 113

E-mail copy of completed form to: mva@prosperitynam.com

"Please do not use Tippex in the completion of these forms- kindly initial where errors have been made and complete accordingly".

## CONSENT TO RELEASE PATIENT INFORMATION

I, the undersigned		(Full name), ID Number										
hereby authorise the hospital to provide information concerning my hospitalisation to the medical aid fund, managed health care organisation and their respective agents and employees dealing with my hospitalisation.												
I, as the authorised parent / legal guardian of the patient												
hereby authorise the hospital to provide information concerning his/her hospitalisation to the medical aid fund, managed care organisation and their respective agents and employees dealing with my hospitalisation.												
Date	D	D	M	M	Y	Y	Y	Y	Signature		Witness	

## Section A - Personal Details *(Attach a copy of police report)*

Name of member												
Membership Number												
Name of fund												
Patient's Name		Date	D	D	M	M	Y	Y	Y	Y		

## Section B - In case of an injury or accident, complete this section.

Explain briefly why the treatment was necessary / Diagnostic information:												
Where did the accident / injury take place?												
When did the accident / injury happen? (date & time)												
How did the accident / injury happen?												
At time of the accident were you a passenger / the driver of the car	Passenger		Driver		Neither/Other (Explain)							
Are you covered by a personal / Company accident policy	Yes		No									
If you are, kindly provide details												
MVA Case Number												

## Section C

Will an attorney act on behalf?	Yes		No														
Admission Date	D	D	M	M	Y	Y	Y	Y	Discharge Date	D	D	M	M	Y	Y	Y	Y
Hospital Claim Details																	
All Other Claims Details																	
Authorisation Number																	

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## Section D - Undertaking

I,		the undersigned hereby request the Scheme to meet my claims
submitted and/or to be submitted for payment of any benefits in terms of my Medical Aid Fund / Scheme arising out of the accident / incident as described in the attached document (Annexure A).		
I hereby undertake and acknowledge in favour of the Medical Aid Fund / Scheme that:		
<ol style="list-style-type: none"><li>1. I shall, to the best of my ability, pursue a claim for compensation against a Third Party responsible for the incident / accident, I may have in terms of the laws of Namibia.</li><li>2. Any benefits granted by the Medical Aid Fund / Scheme which may be recoverable from a Third Party, shall be reimbursed by me to the Medical Aid Fund / Scheme upon successful conclusion of the claim.</li><li>3. I shall supply such information to the Medical Aid Fund / Scheme as may be requested, in writing, which is relevant to my claims, my financial circumstances and / or the circumstances of the incident / accident.</li><li>4. I further hereby authorise any authority , agent or assessor acting on my behalf in respect of my claim to give the Medical Aid Fund / Scheme any such information as may be required.</li><li>5. In the event that I fail to pursue my claim for compensation against any Third Party arising out of this incident / accident, within one year from the date of such incident / accident, I shall be obliged to cede, assign and/or make over in favour of the Medical Aid Fund / Scheme all my right, title and interest in and to such claims against such Third Party.</li><li>6. I select <i>domicillum itandi et executandi</i> for all purposes, in terms of this agreement as set out above. I, undertake that I shall, on fourteen (14) days written notice given by registered post, notify the Fund / Scheme of any change to address.</li><li>7. No relaxation or indulgence granted to me by the Medical Aid Fund / Scheme shall be deemed to be a waiver in its rights in terms of this undertaking.</li></ol>		
Full Names of Member		
Signature of Member		
Date		
Full Names of Witness 1		
Signature of Witness 1		
Date		
Full Names of Witness 2		
Signature of Witness 2		
Date		