



Administered by Universal Healthcare (Pty) Ltd
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Motor Vehicle Accident Questionnaire

Please complete in BLOCK LETTERS using black or blue ink.

This form is issued without admission of liability and must be signed by the claimant and forwarded to:

Tel 0860 100 076 / +27 11 208 1021
E-mail claims@omsmaf.co.za
Postal Address Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128

INFORMATION

Motor Vehicle Accident (MVA) claims have certain procedures, which must be strictly adhered to. When you are involved in a motor accident where a third party is liable and you have recourse in terms of a third-party claims, you are required to institute a claim against the third-party which the Fund can assist with, if you provide the necessary information. When the claim is finalised and paid to you, you are responsible to refund the Fund for payments made on your behalf while the third-party claim was finalised. Failure to do so, constitutes unlawful enrichment and the Fund will reverse claims payments made in respect of the injury/event which will leave you personally responsible to pay the claims.

MEMBER DETAILS

Title:

Member name:

Member surname:

Membership number:

Contact numbers: H Cell
W

Email address:

CLAIMANT AND INJURED PERSON'S DETAILS

Name of injured person:

Surname:

Identity number:

Claimant identity number:

Relationship to member:

Date: Place:
(DD/MM/YYYY)

Type of injury sustained:

Police station where accident was reported:

EXPLAIN BRIEFLY HOW ACCIDENT OR INJURY OCCURRED

ATTORNEY DETAILS

Attorney name:

Contact numbers: Tel:

Address details:

THIRD PARTY DETAILS

Please indicate from which 3rd party will be claimed:

Road Accident Fund: Yes No Insurance claim: Yes No

Any other source: Personal claim: Yes No

INJURIES ON DUTY CLAIMS

Injuries sustained while on duty will not be covered by the Fund. Please consult your manager or HR department regarding an employer's accident report (wcl.2 form).

Signed at Date:
(DD/MM/YYYY)

I accept the terms and conditions as set out in the section below "PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION".

Signature of patient

PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION (POPI)

This Section explains how Old Mutual Staff Medical Aid Fund (the Fund) collects, uses, shares and processes your personal information that you give to the Fund, and this information may include your health and benefit information ("Personal Information"), in terms of the Protection of Personal Information Act, 4 of 2013 ("POPI").

It is important that you read and understand the terms of this Section carefully before accepting these terms and conditions. The acceptance of these terms and conditions is voluntary, but in order to activate your Fund membership, these terms and conditions must be accepted by yourself and your dependants. If you do not accept these terms and conditions, we will not be able to provide you with the full range of our medical scheme services.

It is also important to note that when you accept these terms and conditions, you provide the Fund with your consent and the consent of your dependants, registered on your membership.

Terms and Conditions:

1. The Fund collects, uses, processes, retains and shares your and your dependants' personal information for the purpose of providing medical scheme benefits and managed healthcare services to you and your dependants. This includes the collecting and sharing of your and your dependants' personal information with our third-party healthcare partners, facilities and associated partners of the Fund, who are essential to the membership process.
2. The personal information of you and your dependants may also be shared with emergency service providers, including hospital facilities, in medical emergency situations that may result in serious bodily impairment, dysfunction or death.
3. The Fund, its administrator and its managed care organisation will keep all personal information of you and your dependants given to us in this application or collected from other sources, confidential and will only provide the personal information to additional third parties not involved in the administration of your membership or healthcare needs, with your consent.
4. You confirm that when you provide us with your personal information and that of your dependants, you have the appropriate permission to disclose their personal information to us for the purposes of receiving medical scheme benefits and related services. In the event of your providing personal information and consent on behalf of a minor dependant person younger than 18 years old, or adult dependant unable to provide their own consent, or any person registered as a dependant on your membership, you confirm that you are authorised to do so on their behalf.
5. You agree to us processing (which shall include collecting, collating, processing, storing, disclosing and retaining) your and your dependants' personal information:
 - a. for the administration of your benefit option;
 - b. for providing managed healthcare services to you or any dependant/s based on your benefit option;
 - c. for providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your benefit option;
 - d. for academic research conducted by the Fund, contracted third parties of the Fund, its marketing agents, affiliates and partners;
 - e. for any managed healthcare programme or initiative that will benefit you or your dependants in managing any healthcare condition and optimise your medical scheme benefits; and
6. You acknowledge that your personal information may be stored in a secure web-based facility, where we endeavour to ensure that your personal information is kept confidential at all times.
7. You acknowledge that you have the right to contact the Fund at any time to update, correct or delete your personal information. You and your dependants can update or correct your information at any time by logging on to www.omsmaf.co.za.
8. You have the right to object to the processing of your personal information at any time and revoke any consent you have given for yourself or your dependants. Please contact the Fund to do so.
9. You have the right to request a copy of the personal information we hold about you. Please contact us to find out how to request your personal information.
10. Please note that these terms and conditions may be changed from time to time; please check the OMSMAF website for an updated version.
11. Should you believe that we have used your personal information in a way that is against POPI or without your consent, please contact us immediately to resolve the problem.