

Zimnat Lion Insurance Company, Cnr Third &  
Nelson Mandela,  
P.O. Box CY1155, Causeway  
Harare, Zimbabwe

## HOSPITAL CASH BACK CLAIM FORM

### POLICYHOLDER DETAILS

1. POLICY NUMBER

2. FULL NAME OF INSURED

3. PATIENT/DEPENDANT HOSPITALISED

4. Address

### DETAILS OF HOSPITALISATION

5. NAME OF HOSPITAL

6. REASON FOR HOSPITALISATION

☐

ILLNESS

NAME OF ILLNESS.....

☐

ACCIDENT

DETAILS.....

7. DATE AND TIME OF ADMISSION

8. DATE AND TIME OF DISCHARGED

9. NAME OF DISCHARGING DOCTOR

10. NAME OF MEDICAL AID PROVIDER (if any)

### BANKING DETAILS

ACCOUNT NUMBER

ACCOUNT HOLDER'S NAME

NAME OF BANK OR BUILDING SOCIETY

BRANCH CODE

### CHECK LIST

Please tick

☐

FILLED CLAIM FORM

☐

DETAILS OF HOSPITALISATION

☐

DISCHARGE LETTER FROM HOSPITAL

☐

PHOTOCOPY OF NATIONAL ID

☐

FILLED BANKING DETAILS

☐

DOCTOR'S DIAGNOSIS\LETTER (see overleaf)

Dated this .....

Day of .....

year .....

Signature of Proposer

.....

## CERTIFICATE OF MEDICAL ATTENDANT

(TO BE FURNISHED AT THE INSURED'S EXPENSE)

### PATIENT DETAILS

NAME OF PATIENT .....

ADDRESS .....

OCCUPATION ..... AGE .....

### DETAILS OF HOSPITALISATION

NATURE AND CAUSE OF HOSPITALISATION .....

WHETHER THE APPEARANCE OF THE INJURY IS CONSISTENT WITH THE ACCOUNT GIVEN OF THE ACCIDENT .....

DATE ON WHICH YOU FIRST ATTENDED CLAIMANT FOR HOSPITALISATION .....

IS PATIENT SUFFERING FROM ANY DISEASE OR ILLNESS APART FROM THAT WHICH HE OR SHE WAS HOSPITALISED? .....

KINDLY PROVIDE THE DATES AND TIMES OF ADMISSION AND DISCHARGE IN HOSPITAL

(I) DATE AND TIME OF ADMISSION .....

(II) DATE AND TIME OF DISCHARGE .....

PRESENT CONDITION .....

REMARKS .....

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### DECLARATION

I hereby certify that the above-mentioned, the cause of hospitalisation is solely the result of the accident or illness, and that the foregoing statements are correct.

DOCTOR'S STAMP



Signature ..... Address .....

Qualifications ..... Date .....