



We're about you

Accident or injury report

tel 061 285 5400
fax 061 230 465
email members@nhp.com.na
website www.nhp.com.na
Erf 1319, Grove Street
Kleine Kuppe, Windhoek
PO Box 23064, Windhoek, Namibia
Reg No: MOHSS 003

Please note

In order for the administrator to deliver efficient service to you, it is important that you provide and complete all information as required. Print clearly using **capital** letters. Only **one** character per block. Leave open **one** block between words. Mark with an **X** where necessary.

Particulars of principal member (must be completed)

Membership number	<input type="text"/>	Benefit option	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
		First name(s)	<input type="text"/>
Surname	<input type="text"/>		

Details of accident or injury

Briefly explain why the treatment was necessary, please provide diagnostic information

Where, when and how did the accident/injury take place?

Are you covered by a personal/company accident policy?

Yes No

If yes, please provide details

Policy number

Name of insurer

Details of car accident (if applicable)

Please note Please provide us with a certified copy of the police report.

Have you logged a third party claim?

Yes No

If no, please supply reason(s)

If yes, will you be handling the claim yourself?

Yes No

Will an attorney act on your behalf?

Yes No

Acknowledgement and declaration

I, the undersigned _____ (full name), ID/Passport number _____ hereby authorise the hospital to provide information concerning my hospitalisation to NHP and their respective agents and employees dealing with my hospitalisation.

Signature of principal member

D	D	M	M	2	0	Y	Y
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Date

