



**NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY LIMITED**  
 P.O Box 7732, Boroko, National Capital District, Tel: 313 2000 Fax: 320 0913



## NASCARE MEDICAL CLAIM FORM

### MEDICAL

Your Surname: \_\_\_\_\_ Your Given Name: \_\_\_\_\_ Date of Birth: / /  
 Your Employer/ Scheme: \_\_\_\_\_ Membership No:   
 Telephone Number:(675) \_\_\_\_\_ Fax Number:(675) \_\_\_\_\_ Date joined the Scheme: / /

1. Are you covered for these expenses under any Medical insurance Plan, Personal Accident Insurance or any other insurance policy or plan? Yes  No

If yes, Please provide details \_\_\_\_\_

2. Do any of the expenses you are claiming arise from a sickness/ injury that occurred as a result of employment? Yes  No

If yes, Please provide details \_\_\_\_\_

3. Has the Insured person who is making the claim ever suffered from the same sickness / injury?

If yes, Please provide details \_\_\_\_\_

### PLEASE SUPPLY THE FOLLOWING ORIGINAL DOCUMENTS:

1. Medical Certificates Yes  No  Prescription Yes  No

2. Receipts, Invoices or Accounts, Discharge Summary or Medical Consultations, Prescriptions Medications, Treatment and if Hospitalised. Yes  No

3. Details of any refund from any other claim you may have made in respect of this sickness/ injury E.g. Workers Compensation, MVIL, Personal Accident/ Sickness Claim, etc.

### MEDICAL AUTHORITY

I hereby authorise all hospitals, doctors, or any other person who has provided me and/ or my spouse and/ or my dependents with medical treatment to supply to Pacific MMI Insurance Limited or it's representative with any information that the company may require in relation to any injury/ sickness or medical history in connection with any claim for medical expenses.

I agree that the photocopy or facsimile of this authority will be as effective and valid as this original.

Signed: \_\_\_\_\_ ( To be signed by Claimant or Legal Guardian) / /  
 Day Month Year

Pacific MMI Insurance Limited, Level 4, PMMI Building  
 PO Box 331, PORT MORESBY. Ph: (675) 321 4077, Fax (675) 321 4837 or 321 7898

PMMI MCF 02/11

