



## DENTAL INSURANCE CLAIM FORM: SPORTS PROTECTOR PLAN

### Section A: Insured Details

<b>Policy Holder Full Name</b>			
<b>ID Number</b>		<b>Date</b>	
<b>Policy Number</b>		<b>Contact No</b>	
<b>Patient Full Name</b>		<b>Patient ID or Date of Birth</b>	

### Section B: Practice Details

<b>Dentist Name</b>			
<b>Date of Visit</b>		<b>Practice no</b>	

### Section C: Accident Report by Policy holder

<b>Type of Accident</b>			
Give a brief description of the accident and specify on the drawing which area was affected.			

**PLEASE NOTE:** Only the benefit claimed for in the [blue section](#) below will be processed and if it is not completed then this claim will be declined automatically. It is also compulsory to submit a valid statement or quote with your claim.

DIAGNOSIS:	Likely Treatment	Cover	Mark with X	Tooth Numbers	Internal Use
<b>Chipped Tooth</b>	<b>Dental Filling</b>	R300 per tooth	(X-rays required)		<b>CHIP</b>
<b>Fractured Tooth</b>	<b>Root Canal or Crown</b>	R3000 per tooth	(X-rays required)		<b>FRACT1</b>
<b>Tooth Knocked Loose</b>	<b>Splinting</b>	R1000 per event	(X-rays required)		<b>KNOCKL</b>
<b>Tooth Knocked Out</b>	<b>Implant or Bridge</b>	R5000 per event	(X-rays required)		<b>KNOCKO</b>
<b>Jaw Fracture</b>	<b>Surgery</b>	R15000 per event	(X-rays required)		<b>JAW</b>
<b>Spinal Cord Injury</b>	<b>Surgery, Rehabilitation</b>	R100 000 once off			<b>SPINE</b>
<b>Traumatic Brain Injury</b>		R100 000 once off			<b>BRAIN</b>
<b>Death</b>		R100 000 once off			<b>DEATH</b>

### Section D: Declaration by Policy Holder

I understand the contents of the completed claim form and I declare that the information given is, to the best of my knowledge and belief, correct and complete. Furthermore, I also irrevocably authorise any person or institution, dental practitioner, medical practitioner, hospital, nursing institution or medical authority to provide Denis Insurance Administrators (Pty) Ltd with any information that may be required regarding my health.	
<b>Policy Holder Signature:</b> .....	<b>Date:</b> .....