

How to submit a Gap Cover Claim

GAP COVER

Please complete the claim form in full, either **online** or the **manual claim form** and submit to Turnberry, along with all the supporting documentation,





Supporting Documentation

- All doctors invoices and/or statements.
- The detailed Hospital Invoice and not a patient statement.
- Medical Aid Remittance/Claim Statement/Claims transaction history. This statement from the Medical Aid will reflect the invoiced amount(s) for the service providers, the amounts paid and/or rejected by the Medical Aid.
 - You do not have to submit a hospital account if you are only claiming for the doctors in hospital.
 - The only time we will require the hospital account is when a hospital co-payment, blood tests or x-Rays are being claimed for. The reason for this is to prove that the blood tests and x-rays were done in hospital as out of hospital tests of this nature is not covered by the policy benefits.

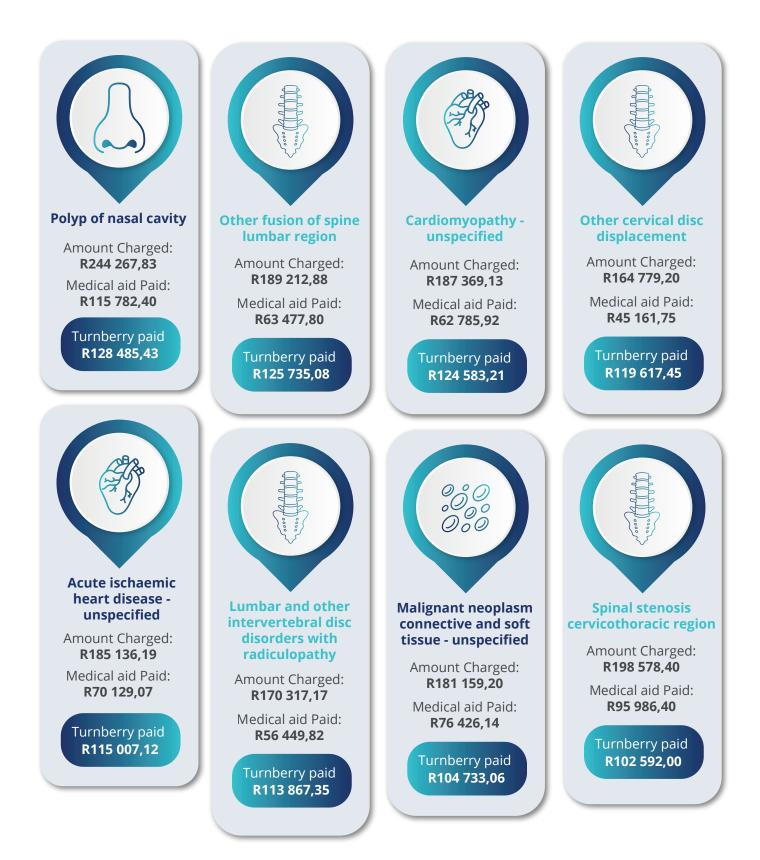
A list of the requirements appears on the Claim form as well.

Please note:

All claims are assessed in terms of the Benefits provided by the Policy and the Policy Terms and Conditions. Once a claim is admitted, the claimed amount is paid directly to the Policyholder who must settle outstanding amounts with the service providers.

Provided that all requirements are received valid claims are settled within 10 working days.

The allowed time period within which a claim must be submitted has been shortened as stated in section A of the claim form.



Lifetime Claims per Client

Individual claims can be substantial, potentially involving significant financial costs and emotional stress. They are also rarely limited to a single instance per client. Often, one claim can lead to a cascade of additional claims, compounding the overall impact. For example, an initial claim might uncover further issues and trigger related claims. The cumulative effect of these claims can be overwhelming and extremely costly for the client.

| Client 1 | Client 2 | Client 3 | Client 4 | Client 5 |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| Lifetime Claims |
| R529 598,61 | R450 224,52 | R437 464,33 | R398 585,02 | R395 882,08 |