

MEDICAL REPORTS FOR DEATHS

The Professional Provident Society Holdings Trust No IT 312/2011 (PPS) is a Registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 Professional Provident Society Insurance Company Limited is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.



PPS Contact Details:

Claim submissions:

E-mail: ppsdeathclaims@pps.co.za

Claim-related enquiries:

E-mail: memberservices@pps.co.za

Tel: 0860 123 777 or +27 (0) 11 644 4300

Monday to Friday from 07:00 to 19:00 and Saturday from 08:00 to 13:00

Estate late:

ID number/Passport if no ID:

IMPORTANT

- This certificate is required in addition to the Registrar's Certificate of Death. The Medical Practitioner should send it to PPS Insurance at **ppsdeathclaims@pps.co.za**
- PPS Insurance agrees to pay an internal agreed rate. These details are available from executor/beneficiary. For payment to be processed, we require a completed Electronic Fund Transfers (EFT) form.

PART A: DETAILS OF MEDICAL PRACTITIONER

I, the undersigned a registered medical practitioner,

National ID number/Passport if no ID:

certify that the following facts are true and correct in respect of the death of the late (full name):

1. General

(a) Were you the deceased's family doctor? YES NO

If yes, since what date? / /

(b) If not, please supply the name and address of the deceased's family doctor:

2. Details of death

(a) Date of death: / /

(b) Cause of death:

ICD 10 Code:

(c) Contributory cause (if any):

ICD 10 Code:

(d) Dates of first and subsequent consultations in respect of the disease that caused the death:

(e) Was the deceased informed of this diagnosis? YES NO

(i) If so, when was the condition first diagnosed: / /

(ii) Please provide the name and contact details of the medical practitioner that diagnosed the condition, if not diagnosed by you:

(f) State the nature of treatment from onset of the illness up to the date of death:

(g) Was an inquest held? YES NO

If yes, state if it was a private or judicial inquest?

3. Other diseases or complaints that the deceased consulted you about : Nature of Illness or Complaint and Treatment.

Nature of illness or complaint	Treatment	Date of first and subsequent consultations

4. Consultations with other medical practitioners including specialists of which you are aware?

Name	Address	Phone

5. Habits:

In your opinion, did the deceased ever suffer from one of the following? Provide details to those questions answered "yes".

(a) Depression/anxiety YES NO

(b) Alcohol abuse YES NO

(c) Drug abuse YES NO

(d) Did the deceased receive any treatment or therapy for any of the above? If so, please provide details. YES NO

MEDICAL PRACTITIONER'S DETAILS

HPCSA reg no: Practice no:

Surname: Initials:

Telephone no:

E-mail address:

Address:

Signed at this day of 20

Signature of medical attendant