



Divers Alert Network Southern Africa
 Private Bag X197, Halfway House, 1685
 Tel: 011 266 4903 (SA) • +27 11 266 4903 (Int.)
 Fax: 086 545 7006 (SA) • +27 (0)11 312 0054 (Int.)
 Email: mail@dansa.org

CLAIMS FORM

For all claims, complete section 1 and the declaration.
 For medical expenses/death claims, complete Sections 2 and 3.
 For loss of diving equipment, complete Section 4.
 For travel delay, complete Section 5.
 For personal liability, complete Section 6.

Notes:
 1. All supporting documentation must be submitted together with this form to avoid unnecessary delays.
 2. For all claims relating to loss of diving gear due to a diving accident, a police report must be submitted.
 3. For all reimbursement claims, all supporting documentation must be submitted with the claim e.g. plane tickets.
 4. Supply a copy of your DAN membership card giving your membership details.

THIS CLAIM FORM WILL NOT BE PROCESSED UNLESS THE DECLARATION AND AUTHORITY HAS BEEN SIGNED AND DATED

Type of Claim: (tick the appropriate block)

<input type="checkbox"/> Medical (diving related)	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Personal Liability
<input type="checkbox"/> Death (diving related)	<input type="checkbox"/> Loss of Equipment	<input type="checkbox"/> Non-Dive Related

Section 1 Insured Person: (to be completed by all persons submitting a claim)

Surname First Name Age

Postal Address

Postal Code Country

Tel (daytime) Fax

DAN membership No. Level

Date of illness/injury/loss/theft Place of illness/injury/loss/theft

Section 2 Dive Report (all diving accidents)

2.1 Full description of incident

2.2 Who were you diving with? (e.g., buddy, dive charter) Contact telephone No.

2.3 If under instruction, instructor's name, number and agency

Type of Course (e.g., trimix, wreck, etc.)

Instructor's address and telephone No.

Postal Code



2.4 Where were you diving? (e.g., lake, sea)

Purpose of dive (e.g., recreational, student) Maximum depth of last dive

Problems during dive series (Tick the appropriate block)

<input type="checkbox"/> Out of Air	<input type="checkbox"/> Rapid ascent	<input type="checkbox"/> Missed Decompression
<input type="checkbox"/> Heavy exertion	<input type="checkbox"/> Equipment	<input type="checkbox"/> Nausea/dizziness
<input type="checkbox"/> Injury	<input type="checkbox"/> Cold	<input type="checkbox"/> Short of breath

Other (please supply details)

Please attach instructor's report of incident.

Section 3 Medical Expenses – non-Dive related incidents / Death (diving related)

3.1 Name of medical practitioner consulted

Diagnosis

Address

Tel. No.

3.2 Have you ever received treatment for this or related illness? Y N

If Yes, please supply Medical Practitioner's report stating what treatment was received prior to the commencement of your journey?

3.3 Please supply name and telephone No. of your house doctor

3.4 Please indicate attached paperwork: (a.c & d required for all deaths)

a) Police report b) Medical Report c) Death certificate d) Inquest and Post Mortem reports

3.5 Have you notified Netcare/DAN hotline of your claim? Y N

3.5.1 If Yes, where and when

3.5.2 If No, give reasons

Section 4 Loss of Diving Equipment due to covered diving accident

4.1 Describe how the loss/theft occurred

4.2 The loss was reported to Police Other (specify)

4.2.1 When, where and Case No.

4.2.2 If NOT reported, give reason

4.3 Are you the sole owner of the missing items? Y N

Section 5 Personal Liability

5.1 Nature of claim, please give full details

Please attach all supporting documentation

Section 6 Declaration and Authority

I/We declare that the above information is true and correct in every respect and that the signing of this claim form also constitutes written Authority for the Company to inspect or investigate any Medical Records or Details relevant to this claim. I/We further declare that I am/we are aware that any misinterpretation and or non/disclosure in respect of information provided herein shall render my/our claim null and void.

Signed

Date

