



# 2025 NAPTOSA GAP COVER APPLICATION

**Insurer:**  
Lombard Insurance Company Limited  
(Reg. No. 1990/001253/06) FSP no. 1596

**Risk and Underwriting Managers:**  
Turnberry Management Risk Solutions (Pty) Ltd  
(Reg no : 2007/026488/07) FSP no. 36571

Broker Name:

Broker Code:

**Please Email Back To:**  
[naptosa@smollan.com](mailto:naptosa@smollan.com)

FOR OFFICE USE ONLY	Application No.	<input type="text"/>	Client No.	<input type="text"/>
	Policy No.	<input type="text"/>	Debtor No.	<input type="text"/>

Tel: 011 677 9891 | Fax: 0861 000 508 | Email: [newbusiness@turnberry.co.za](mailto:newbusiness@turnberry.co.za) | Address: 4 Osborne Lane, Bedfordview, 2007

## A. DETAILS OF PRINCIPAL INSURED PERSON

Title:  First Name:  Surname:

ID Number:  Cellphone No.

Home Tel No.  Work Tel No.

Employer:

Residential or Physical Address:  Code:

Postal Address:  Code:

Email:  Medical Scheme:

Medical Scheme No:  Option:  Date Membership Commenced:

In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit

Beneficiary Name:  Beneficiary ID:  Relationship:

## B. MEDICAL EXPENSE SHORTFALL PRODUCTS

**THE PRODUCTS OFFERED IN THIS APPLICATION FORM ARE NOT A MEDICAL SCHEME AND THE COVER IS NOT EQUIVALENT TO THAT OF A MEDICAL SCHEME. THESE PRODUCTS ARE NOT A SUBSTITUTE FOR A MEDICAL SCHEME MEMBERSHIP. *Please tick your chosen option***

**Commencement Date:**  If you are transferring your Policy from another provider please attach your existing policy.

**PREMIER GROUP - COMPULSORY**

R338/month (R24 Admin Fee included)

## C. WAITING PERIODS

- **PLEASE NOTE**
- A 3 MONTH GENERAL WAITING PERIOD APPLIES TO ALL BENEFITS (except in the event of an accident, which occurred while on the Policy)
- A 10 MONTH CONDITION SPECIFIC WAITING PERIODS APPLICABLE - Pregnancy and Childbirth
- A 12 MONTH CONDITION SPECIFIC WAITING PERIODS APPLICABLE - Cancer, Colonoscopies, Gastrosopies, Sigmoidoscopies, Muscular-skeletal (except in the event of an accident while on the Policy)

## D. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			
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