ntuc income

PERSONAL ACCIDENT/OVERSEAS STUDENT/FOREIGN MAID CLAIM FORM

Important Notice
The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income shall be furnished at the expense of the Policyholder or Claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 30 days from date of occurrence.

Policy Number:	
Claim Number:	

Personal Particulars of Policyholder

This claim is based on the below policy:
(Please tick one)

☐ Personal Accident ☐ Personal Accident Infectious Disease ☐ Overseas Student Personal Accident ☐ Foreign Maid

Name of Claimant (as shown in NRIC)	Gender ☐ Male ☐ Female	NRIC No.	Date of Birth(dd/mm/yyyy)
Residential Address		Occupation	
Contact No. (O) (H) (Hp)		Email	

Is your company/business GST registered? ☐ Yes ☐ No

Personal Particulars of Insured (Please do not complete if information is same as above)

Full Name (as shown in NRIC)	Gender ☐ Male ☐ Female	NRIC No.	Date of Birth (dd/mm/yyyy)
Relationship to Policyholder ☐ (please state) _____ ☐ Employee		Occupation	

☐ Foreign maid (Monthly wages) _____ (Monthly levy) _____

Medical/Accident Claim Details (Please complete ALL questions)

1. Details Of Illness/Injury
   Is the condition/disability suffered due to: ☐ Illness ☐ Accident

   a. If the condition/disability suffered is due to illness, please provide:

      (i) Diagnosis _____

      (ii) Date symptoms started (dd / mm / yyyy): _____ / _____ / _____

      (iii) Describe in detail all symptoms and nature of medical condition/disability suffered.

   b. If the disability suffered is due to accident, please provide:

      (i) Date of accident (dd / mm / yyyy): _____ / _____ / _____ (ii) Time of accident _____

      (iii) Place of accident _____

      (iv) Detailed description of nature of injuries/disability suffered

      (v) Detailed description of accident (Please enclose a copy of the police report, if any)

2. How was the patient/insured admitted to the hospital?
   ☐ Referral by a General Practitioner / Specialist / Other hospital (please delete accordingly)
   Please provide the name and address of referring doctor/hospital.

   _____

   _____

   ☐ A & E department

NTUC Income Insurance Co-operative Limited
NTUC Income Centre 75 Bras Basah Road Singapore 189557 | t. 63 INCOME (6346 2663) | f. 6338 1500 | csquery@income.com.sg | www.income.com.sg

3. Please provide the name, contact number and address of the doctor who is treating the patient/insured for his current condition/injury.

4. Was any surgery performed for this condition? (For Medical/Accident Claims only) If "Yes", please provide details below.		☐ Yes ☐ No
Surgical Operation/Procedure	Date(s) of Operation/Procedure (dd/mm/yyyy)	Surgical Code/Table (please refer to your doctor)

5. Has this or similar condition been treated before? If "Yes", please provide details below.			☐ Yes ☐ No
Name of Doctor	Name and Address of clinic/hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

7. ☐ Others
In respect of any other claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient, please attach another page.

Other insurance coverage (Please complete ALL questions)

1. Does the patient have other insurance coverage for reimbursement of medical expenses? If yes,please state name of insurers and list policy plan/sum assured:	☐ Yes	☐ No
2. Does the patient's employer have other insurance coverage (eg. Workmen's Compensation) for medical expenses? If yes,please state name of insurers and list policy plan/sum assured:	☐ Yes	☐ No
3. Has a similar claim for medical expenses for this incident been made from above insurers in (1) and (2)?	☐ Yes	☐ No

Declaration and Authorisation

I/We the undersigned hereby declare that all the foregoing particulars given by me/us are true and correct.

I/We agree that the Policy shall be void and I shall forfeit all rights to recover if I have made or were to make any false or fraudulent statements, or withhold material facts watsoever in respect of this claim.

I/We hereby consent to NTUC Income obtaining medical information from any hospital, physician and any other person I/we have consulted and I/we authorise the giving of such information.

I/We authorise NTUC Income to obtain travel information from airlines/travel agents.

I/We also agree that a photocopy of this form shall be as valid as the original.

Signature of Policyholder	Signature of Insured
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

Signature of Witness	Address of Witness
Name of Witness	NRIC of Witness

Before mailing, please ensure all the relevant sections related to your claim are completed in full and the requested documents are attached together with the form. We will process your claim upon receipt of the full supporting documents. Please direct the claim form and all correspondences to: NTUC Income, P O Box 0132, Singapore 911802.

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The below documents which have been **ticked** will be enclosed with the claim form.

☐ **Loss of Life (death)**
- ☐ Police report
- ☐ Death certificate
- ☐ Autopsy report
- ☐ Toxicological report
- ☐ Coroner's findings
- ☐ Birth/marriage certificate
- ☐ Grant of probate/letters of administration
- ☐ Estate duty certificate

☐ **Total Permanent Disability**
- ☐ Police report/investigation results
- ☐ Medical report

☐ **Medical Expenses**
- ☐ Original medical bills
- ☐ Original medical receipts
- ☐ Police report/investigation results in the event of motor accident or assault

☐ **Compassionate Visit Expenses/Study Interruptions claim** (under Overseas Student Plan)
- ☐ Copy of hospital bill/death certificate
- ☐ Birth/marriage certificate
- ☐ Copy of invoice of Airticket purchase
- ☐ Copy of airticket
- ☐ Receipt from Institute for tuition fees paid

☐ **Loss of Luggage/Personal Effects** (under Overseas Student Plan)
- ☐ Report made to airline/airport
- ☐ Receipts of items claimed

☐ **Liability** (under Overseas Student Plan)
- ☐ Third party's written claim if received
- ☐ Photographs of damage caused
- ☐ Invoices/receipts

☐ **Repatriation/Termination Expenses** (under Foreign Maid Package)
- ☐ Death certificate or
- ☐ Letter from doctor stating permanent disablement/prolonged terminal/serious illness preventing the maid from carrying out her duties
- ☐ Invoices of expenses claimed

☐ **Hospital & Surgical Expenses** (under Foreign Maid Package)
- ☐ Original in-patient bills & receipts

☐ **Others** (applicable if similar claims submitted to another Insurer/employer)
- ☐ Reimbursement letter from employer or
- ☐ Discharge voucher from insurer on claim amount paid

Please arrange to submit the necessary documents listed above. We also wish to inform you that all necessary documents must be submitted with the claim form to enable your claim to be processed within 14 days. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.

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