

CLAIM FORM FOR STUDENT PROTECTION/ STUDENT SPORTS INJURY/JUNIOR PROTECTION PLAN

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. Immediate notice is required for death and dismemberment.

Particulars of School/Centre and Insured Student

| | | | |
|---|--|--|---|
| Name of School/Centre | | Policy No. | |
| Address | | | |
| Contact No. (O) _____ (Hp) _____ (Fax) _____ | | For Student Sports Injury Plan, please indicate CCA | |
| Name of Insured Student | | Class | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Residential Address | | NRIC/BC No. | |
| Date of Birth (dd/mm/yyyy) | | Email | |
| Contact No. (O) _____ (H) _____ (Hp) _____ | | Email | |

Payment Method

| | |
|--|---|
| Cheque made payable to (Please tick and delete where applicable) | |
| <input type="checkbox"/> School/Centre | <input type="checkbox"/> Father/Mother/Guardian |
| <input type="checkbox"/> Principal/Teacher/Staff | |
| Payee Name (in full) | NRIC No. (for payment to individual) |

Accident Details

| | | |
|--|-------------------|------------------|
| Date of Accident | Place of Accident | Time of Accident |
| Describe how the accident happened. | | |
| Describe the injuries sustained and the part(s) of the body injured. | | |
| Type of claim (please tick where applicable) | | |
| <input type="checkbox"/> Loss of Life | | |
| <input type="checkbox"/> Permanent and Total Disability | | |
| <input type="checkbox"/> Medical Expenses: \$ _____ (please state amount incurred to this date) | | |
| <input type="checkbox"/> Hospital Benefit (please state duration of hospital confinement) from _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy) | | |

Declaration

I declare that the above information is true, correct and complete and I have not withheld any material information.
I understand that my claim may be rejected if the above information is untrue, incorrect or if I did not reveal all material facts.

Name and Signature of Parent/Guardian
/School Representative/Centre Representative

Date (dd/mm/yyyy)

GH/CL/10/2009