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Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

income made yours

Dear Customer, please email your claim to groupclaim@income.com.sg to avoid delay in the processing.

Total and Permanent Disability Claim Form
(Income Family MicroInsurance Scheme)

Dear claimant

We are sorry to learn of your injury. In order for us to process your claim, please complete this form in full and attach the following documents:

- ☐ Total and Permanent Disability Claim Form
- ☐ NRIC or passport of claimant
- ☐ Attending Physician's Statement (APS) (to be completed by attending physician and submitted to us)
- ☐ Medical reports/Hospital discharge summary/Doctor's memos/Investigation reports (CT, MRI, X-rays, histopathology, laboratory), surgical reports and other relevant hospital reports
- ☐ Medically boarded out letter

Claim number (for official use only)

Important notes:
The acceptance of this form is not an admission of liability on the part of Income.
(a) Please submit the duly completed claim form together with the supporting documents within six months from date of occurrence. Claims submitted after this deadline will not be accepted.
(b) Upon receipt of **all** the required documents, we will process your claim and inform you of the outcome as soon as possible. For each of the document listed above, please tick (✓) where applicable. Where not applicable, please indicate as 'N.A.'.
(c) If you need any assistance, please contact our customer service officers at **6332 1133** or email us at **healthcare@income.com.sg.**

Particulars of claimant

Name (as shown in NRIC)	NRIC number	Nationality	Country of residence

Residential address

Contact number (Mobile) (Office) (Home)	Email

Estimated total gross monthly household income $	Number of family members living in household	Number of children

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will not update all your existing policies with the new contact particulars.

Is the claimant an undischarged bankrupt? If yes, please provide the bankruptcy number, name and contact details of the case officer representing the Official Assignee.	☐ Yes ☐ No

Name of child eligible for IFMIS		Birth certificate number
Please tick the applicable scheme ☐ MOE FAS (Primary, Secondary, Specialised, Independent Schools and Pre-University Institutions) ☐ SPED FAS (Government-funded Special Education Schools) ☐ KiFAS (MOE Kindergartens) ☐ NTUC My First Skool	School of child	Nationality of child

Details of other children (if any)

Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study

Details of disability

Cause of disability	Date of disability (dd/mm/yyyy)

Description of disability

Is there loss of sight? If 'Yes', please provide details.	☐ Yes ☐ No
Is there loss of limbs? If 'Yes', please provide details.	☐ Yes ☐ No

Which are the Activities of Daily Living (ADL) that you now cannot perform independently? – feeding, mobility, transferring, washing/bathing, dressing and toileting/continence.

Particulars of alternative contact person (if any)

Name (as shown in NRIC)	NRIC number
Residential address	Email
Contact number (Mobile) (Office) (Home)	Relationship to claimant

Details of other insurance

Is the insured claiming from any other insurance company or other sources (employer, other medical insurances, Workmen's Compensation Act) in respect of this condition or injury? If 'Yes', please provide the following information.	☐ Yes ☐ No

Name of employer, insurance company etc.	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notified	Claim paid
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No

Details of past related claims (if any)

Have you, your spouse, parents, children, brothers or sisters made a claim under the Income Family MicroInsurance Scheme previously? If 'Yes', please provide details of such claim below. Please note that each insured's (under the Income Family MicroInsurance Scheme) family unit is not allowed to submit more than one claim per calendar year. Any claim submitted in breach of this will be rejected.	☐ Yes ☐ No

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

1. I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
4. I confirm that Income may, where necessary, disclose my personal data including all claims information and outcome to the group policyholder and childcare centre, preschool, school or educational institution the insured is enrolled in for the purposes of facilitating the administration of the claims that I have submitted in this form.
5. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
6. For the purpose of administering and processing my claim, I authorise, consent and agree to:
   a. The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the insured;
   b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
   c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to assess this claim.
   d. I agree that a copy of the authorisation in this form is valid and binding as an original copy
7. I confirm that all copies of the claim documents that I have submitted to Income are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity.
8. I am aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recovery any payment made to me.
9. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made nor will I make any claim against any other source for the same bill(s)/invoice(s).
10. If I have made a claim from other source,
    a. I agree that I will provide a copy of any document requested by Income of the payment received by me;
    b. I am aware that Income will not reimburse me if I have been fully reimbursed by such source;
    c. I am aware that Income may only reimburse me up to the remaining balance of the unpaid bill/invoice I have been partially reimbursed by such source;
    d. I undertake to refund on demand any payment made by Income to me which exceeds what I have incurred in total.
11. I understand that I must give Income all documents, authorisations or information required by Income to assess the claim. If I fail to co-operate with Income in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income may reject the claim.
12. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Signature of claimant	Date (dd/mm/yyyy)

Confirmation by school

This is to confirm that the above-named insured whose child or ward studying in my school is verified to have the following:

(Please tick applicable boxes)

For Preschools

☐ Child is a Singapore Citizen

☐ Received ECDA/MSF subsidy for families with Gross Household Income of up to $4,500 per month or Per Capita Income not exceeding $1,125 per month from date_______________________(dd/mm/yyyy); OR

☐ Child is a recipient of the Kindergarten Fee Assistance Scheme (KiFAS) from date ____________(dd/mm/yyyy);

For Primary, Secondary, Specialised, Independent Schools and Pre-University Institutions

☐ Child is a recipient of the Ministry of Education (MOE) Financial Assistance Scheme from date_________________________ (dd/mm/yyyy).

For Government-funded Special Education (SPED) Schools

☐ Child is a recipient of the SPED Financial Assistance Scheme from date ________ (dd/mm/yyyy)

Name of school representative	Signature of school representative	School's stamp	Date (dd/mm/yyyy)