

## Group Hospitalisation Benefit Claim Form

### Important notes

The acceptance of this form is NOT an admission of liability on the part of Income.

- (a) Any documentary proof or report required by Income shall be furnished at the expense of the policyholder or claimant.
- (b) 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:
1. Copy of Final Hospital Bills and Inpatient Discharge Summary.
  2. Proof of relationship (certified true copy of Marriage Certificate or Birth Certificate) if the claim is in respect of a dependant.
- (c) 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.
- (d) If you need any assistance, please contact our customer service officers on 6332 1133 or email us at groupclaim@income.com.sg.

Group policy number	Name of union
Plan type	Claim number

### Particulars of member

Name of member (claimant) (as shown in NRIC, passport or FIN)		NRIC, passport or FIN number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	Occupation	Date of birth (dd/mm/yyyy)	Age
Name of dependant (as shown in NRIC, passport or FIN)		NRIC, passport or FIN number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	Relationship to member	Date of birth (dd/mm/yyyy)	Age
Address of member			
Contact number (Mobile)	(Office)	(Home)	Email

### Details of hospitalisation

1. Hospital admitted to _____
2. Admitted on (dd/mm/yyyy) _____ Discharged on (dd/mm/yyyy) _____
3. Nature of injury or illness

## Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to this transaction;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration; and
- (m) comply with all applicable laws, including reporting to regulatory and industry entities.

### 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg).

For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to [consentwithdrawal@income.com.sg](mailto:consentwithdrawal@income.com.sg).

### Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Signature of member (claimant)	Date (dd/mm/yyyy)
--------------------------------	-------------------

### Certificate of union membership

Name of member	Membership number
Office of employment	Date joined Union (dd/mm/yyyy)
Payment to be made to: <input type="checkbox"/> Union <input type="checkbox"/> Member	
I hereby certify that the above named is a member of _____ (name of Union)	
Name of authorised officer	Company/Union stamp
Signature of authorised officer	Date (dd/mm/yyyy)

### For Income only

Name of staff	Date received (dd/mm/yyyy)	Date registered (dd/mm/yyyy)	
Claim number	Premium paid to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcy status <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital benefit per day (\$)	Number of days hospitalised	Total amount to pay (\$)	Payee
Claim decision: <input type="checkbox"/> Admit <input type="checkbox"/> Reject			
Approved by	Date (dd/mm/yyyy)		
Remarks			