

## Student Accident Plan Claim Form (For Junior Protection/Group Personal Accident Plan)

### Important notes

The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or report required by Income must be given at the expense of the policyholder or claimant. Please submit the completed claim form duly certified by the school/centre together with the supporting documents within 30 days from the date of accident.

Please ensure that all sections of the claim form are completed, incomplete form will be returned to you for completion.

<b>Supporting documents for the type of claim</b> (please tick accordingly)
<p><b>Medical Expenses:</b></p> <p><input type="checkbox"/> Original final tax invoice(s)/receipt(s)</p> <p><input type="checkbox"/> Accident report from school/centre, if applicable</p> <p><input type="checkbox"/> Police report, if applicable</p> <p><input type="checkbox"/> For hospitalisation/day surgery, a copy of Inpatient discharge summary/Day surgery form/attending physician's medical report</p> <p><input type="checkbox"/> Copy of the Shield Plan's settlement letter if there is any payment by Medisave-approved Integrated Shield Plan</p>
<p><b>Death:</b></p> <p><input type="checkbox"/> Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)</p> <p><input type="checkbox"/> All overseas documents are to be certified as true copies by your lawyer or any Notary Public.</p> <p><input type="checkbox"/> Letter from Immigration and Checkpoint Authority (ICA) – this letter is issued by ICA for Singaporeans or Permanent Residents (PR) who died overseas. It confirms receipt of the Singapore NRIC, Passport and overseas Death Certificate.</p> <p><input type="checkbox"/> Repatriation Report (for overseas death, if body was repatriated to Singapore for cremation/burial)</p> <p><input type="checkbox"/> NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant(s)</p> <p><input type="checkbox"/> Proof of Claimant's relationship with Deceased such as marriage certificate or birth certificate</p> <p><input type="checkbox"/> Medical reports</p> <p><input type="checkbox"/> Newspaper Clipping and Police Report</p> <p>All documents submitted must be in English. Any documents in foreign languages must be officially translated to English by a certified translator/interpreter.</p>
<p><b>Permanent and Total/Partial Disability:</b></p> <p><input type="checkbox"/> Medical reports/Laboratory reports/Hospital Discharge Summary</p> <p><input type="checkbox"/> NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant</p> <p><input type="checkbox"/> Accident report from school/centre</p> <p><input type="checkbox"/> Newspaper Clipping and Police Report</p>

### Certification by the Policyholder (School/Centre)

<p>This is to certify that:</p> <p>a. the Insured is a student of our school/centre.</p> <p>b. if the accident occurs in the school/centre or during school/centre activities, the details of the accident in this form are true and complete and we have not withheld any material information.</p>	
Name of school/centre	Policy number
Address of school/centre	Contact details (Mobile) <span style="float: right;">(Office)</span>  (Email)
Name of representative of school/centre	School's/Centre's stamp
Signature of representative of school/centre	Date (dd/mm/yyyy)

Before submitting the claim to us, please make sure that the above section is duly completed by the representative of the school/centre with the school/centre's stamp on the form.

### Particulars of Insured

Name (as shown in NRIC, FIN or BC)	NRIC, FIN or BC number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd/mm/yyyy)	Nationality	Class
Residential address	Contact details (Mobile) <span style="float: right;">(Home)</span> (Email)	

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.

### Details of accident

Date and time of accident	Place of accident
Did the accident occur during supervised CCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the accident occur during organised school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please state the type of CCA: _____	
Describe how the accident happened.	
Describe the injuries sustained and the part(s) of the body injured.	

### Other information

Have you claimed or do you intend to claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If 'yes', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher from the other party.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Note:</p> <p>It is important that you inform us if you are claiming from another insurer, other employer or any other parties for the same bill. You can only claim or be reimbursed once for the amount that you have incurred, regardless of the number of medical insurance policies you may have. We reserve the right to recover if there is any excess amount paid to you.</p>			
<b>Cheque payee's details:</b>			
Name of cheque payee (as shown in the bank account)	NRIC, FIN or Passport number (as shown in the bank account)	Relationship to the insured	Nationality

## 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 by Insured/parent/legal guardian

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.

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Name of Insured

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Signature of Insured  
(If Insured is age 21 years and above)

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Date (dd/mm/yyyy)

If Insured is below 21 years old, the following is to be completed by the parent or legal guardian of the Insured.

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Name (as shown in NRIC or FIN)

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Signature

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NRIC or FIN number

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Relationship to the Insured

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Date (dd/mm/yyyy)