



c (i) Has the insured been given hospital or medical leave? If 'Yes', please give the start and end date of the hospital or medical leave.  Yes  No  
 Start date (dd/mm/yyyy) \_\_\_\_\_ End date (dd/mm/yyyy) \_\_\_\_\_

(ii) During this period, has the insured returned to work to do full or light duties?  Yes  No  
 If "Yes", please give the dates the insured returned to work (dd/mm/yyyy): \_\_\_\_\_

2 How were you admitted to the hospital?  
 Referral by a general practitioner, specialist or other hospital (please delete )  
 Please give the name and address of the referring doctor or hospital.  
 \_\_\_\_\_

A & E department

3 Please provide the name, contact number and address of the doctor who is treating you for your current condition or injury.

4 Was any surgery carried out for this condition? If Yes, please provide details below.  Yes  No

Surgical operation or procedure	Date of operation or procedure (dd/mm/yyyy)	Surgical code or table (please ask your doctor)

5 Has this or a similar condition been treated before? If Yes, please provide details below.  Yes  No

Name of doctor	Name and address of clinic or hospital	Date of consultation (dd/mm/yyyy)	Reason for consultation

6 Has treatment been completed? If no, please say when the treatment is expected to be completed.  Yes  No

7  Others sections  
 For any other claim which does not fall within the sections shown above, please provide details of the claim. If there is not enough space below, please attach another page.

**Other insurance coverage (Please answer all questions.)**

1 Does the insured have other insurance cover for refunding medical expenses?  Yes  No  
 If Yes, please give the name of the insurer and list the policy plan and sum assured:

2 Does the insured's employer have other insurance cover (for example, workmen's compensation) for medical expenses?  Yes  No  
 If Yes, please give the name of the insurer and list the policy plan and sum assured:

3 Has a similar claim for medical expenses for this incident been made from the insurers named above in 1 and 2?  Yes  No

## Supporting documents

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

**Death Claim:**

For death in Singapore – copy of death certificate

For death outside Singapore –

(a) certified true copy of death certificate by your lawyer or any notary public

(b) Letter from Immigration and Checkpoint Authority (ICA) - this letter is issued by ICA for Singaporeans or permanent residents (PR) who died overseas. It confirms they saw the Singapore IC, passport and overseas death certificate

(c) Repatriation report (if the body was sent home to Singapore for cremation or burial)

2 Autopsy report, toxicological report or coroner's findings

- 3 Proof of policyholder's or claimant's relationship to the person who died

Policyholder or Person claiming	Documents needed
Husband or wife	Marriage certificate
Parent	Birth certificate of person who has died
Child	Birth certificate of policyholder or person claiming
Brother or sister	Birth certificates of person who died and policyholder or person claiming

- 4 Newspaper clipping and police or accident report (if death was due to accidental or violent causes)
- 5 Last will of deceased (if they had left a will) or letter of administration (if there is no will)
- 6 Estate duty certificate

**Permanent disability claim:**

- 1 Medical report
- 2 Newspaper clipping and police or accident report  
(if total and permanent disability or permanent incapacity was due to accidental or violent causes)

**Medical expenses claim:**

- 1 Medical reports or laboratory reports or inpatient discharge summary  
(stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
- 2 For a stay in hospital (if this applies and the claim is eligible) - Original final hospital bill and receipt of payment
- 3 For outpatient treatment (if this applies and the claim is eligible) – Original itemised medical bill and receipt of payment
- 4 Newspaper clipping and police or accident report
- 5 If items 3 and 4 have been given to another insurer or employer, please provide:
- (a) a certified true copy of the bills by the insurer or employer;
  - (b) a reimbursement letter or payslip reflecting the co-payment by the insured or the employer; or
  - (c) a discharge voucher or settlement advice by the insurer

**Expenses for sending the maid home or ending their contract claim**

**For Death**

- 1 Copy of death certificate
- 2 Original invoices for expenses to send the maid home or termination expenses

**Claimed for medical reasons**

- 1 Medical report
- 2 Original invoices for expenses to send the maid home or termination expenses
- 3 Doctor's confirmation of permanent disability serious sickness or serious injury preventing the maid from carrying out her duties as a foreign domestic worker

This is not a full list and we may ask for other documents.

### Personal Data Use Statement

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

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

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

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

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from 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 underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

### 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 collection, use and disclosure of my personal data as stated in the 'Personal Data Use Statement'(PDUS) above.

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 confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).

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 any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income has the right to recover any payment made by Income to me.

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

Name of policyholder: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

### Claim submission instruction

**You may email the completed claim form and supporting documents to [plineclaims@income.com.sg](mailto:plineclaims@income.com.sg). Please be reminded to keep the original copy of the supporting documents for 6 months as we may request for them on case by case basis prior to settlement of the claim.**

**Beneficial Ownership Declaration - *This is NOT a nomination of beneficiaries of this policy***

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Ownership Arrangement, please

1. Please submit a copy of their NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here:

[www.income.com.sg/Policy-downloads-and-forms](http://www.income.com.sg/Policy-downloads-and-forms); and

2. Provide details below:

Name of Beneficial Owner	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Nationality	Gender	Relationship to Proposer
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Male	
<input type="checkbox"/> Singapore PR (Nationality) _____	<input type="checkbox"/> Female	
<input type="checkbox"/> Others _____		