

## StudySecure plan claim form

**Important notice**

- If we accept this form, it does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

<b>Policy number:</b>	
<b>Claim number:</b> (For official use)	

### Personal details of policyholder

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Home address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email
Note: For death claim, to fill in the details of the person filing the claim under the policyholder.			

### Personal details of insured (No need to fill this in if the information is the same as above.)

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Home address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email

### Payee's details

Please tick  the claim payment mode.

For payment by direct transfer into **Policyholder's bank account**. Please provide supporting documents such as bank statement for verification of payee details.

Full name (as shown in the bank account)	Nationality	Name of Bank	Bank Account Number
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For payment by PayNow (registered with **NRIC No. only**)

### Travel details

Which country or city did the incident or injury or illness happen in?	Date of incident (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Description of incident, injury or illness		
Are there any other insurance policies covering you for this incident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes, please give the name of the insurer, policy number and amount you can recover.		

## Type of claim

Please tick the types of claim you are sending us and the documents you are attaching for this claim. We may ask for more documents to assess the claim.

1  **Personal accident**  **Medical expenses**

Supporting documents needed (and attached):

- Flight itinerary, boarding pass or passport stamp which shows the date of departure from and return to Singapore
- Original final hospital or medical or ambulance bills and receipts
- Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
- Police or accident report (accident claim only)
- A copy of the reimbursement letter or discharge voucher from the insurer or employer (if there is a previous refund from another insurer or employer)
- Death certificate or autopsy report or toxicological report or coroner's findings (death claim only)
- Proof of policyholder's or person claiming's relationship with the person who has died (death claim only)

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

a. Nature and extent of injury or illness

b. Have your treatment been completed?  Yes  No  
 If No, please say when treatment is expected to be completed.

c. Amount you want to claim

d. Have you ever suffered from or been recommended to receive treatment from this injury, illness or a similar condition before?  Yes  No  
 If Yes, please give details. \_\_\_\_\_  
 Dates (dd/mm/yyyy) of consultations \_\_\_\_\_  
 Name and address of doctor consulted \_\_\_\_\_

2  **Study interruptions**  **Compassionate visit**  **Home visit**  **Hospital visit**

Supporting documents needed (and attached):

- Copy of hospital bill or death certificate
- Proof of insured's relationship with the person in hospital or who has died

Insured	Documents needed
Husband or wife	Marriage certificate
Parent	Birth certificate of person in hospital or who has died
Child	Birth certificate of insured
Brother or sister	Birth certificate of insured and person in hospital or who has died

- Original invoice for purchase of air ticket
- Copy of air ticket and boarding passes
- Original invoice for tuition fee paid

a. Amount you want to claim

3  **Travel delay**  **Baggage delay**

Supporting documents needed (and attached):

- Scheduled and revised flight itinerary, boarding pass or passport stamp which shows the date of departure from and return to Singapore
- Airline or bus or cruise operator's or their handling agent's confirmation on the cause and length of the travel or baggage delay
- Delay report and acknowledgement slip (baggage delay claim)

Travel		
Original flight number	Original departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual flight number	Actual departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of delay		Length of delay

Baggage delay		
Flight number	Flight arrival date (dd/mm/yyyy)	Flight arrival time <input type="checkbox"/> am <input type="checkbox"/> pm
Place of baggage collection	Baggage collection date (dd/mm/yyyy)	Baggage collection time <input type="checkbox"/> am <input type="checkbox"/> pm

4  **Loss or damage of personal belongings**  **Loss or damage of laptop**  **Losing travel documents**

Supporting documents needed (and attached):

- Flight itinerary, boarding pass or passport stamp which shows the date of departure from and return to Singapore
- Police report of the lost item (or items)
- Baggage or personal belonging loss or damage report filed with relevant authorities or service providers
- Confirmation letter from airlines or travel agent or operator of amount paid as compensation for loss
- Photographs of damaged item (or items)
- Copy of diagnostic report from repairer stating the cause and extent of damage
- Original repair bill or quotation of repair for damaged item (or items) or original purchase receipt or credit-card statement and warranty card of lost or damaged item (or items)
- Original invoice for the economy-class transport and accommodation expenses incurred to apply to replace the lost passport or travel documents
- Replacement/passport photograph/travel documents

a. Has this loss or damage been reported to the police or authorities?  Yes  No  
If No, please say why.

b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)  Yes  No  
If yes, please provide details on the compensation or cash settlement amount received: \_\_\_\_\_  
If no, please provide evidence of denial compensation form the service provider.

c. Can the damaged item (or items) be repaired?  Yes  No  
If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.

Description of damaged or lost item (or items)	Original purchase price	Date of purchase	Receipt (Yes/No)	Amount you want to claim

**5 Other 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.

**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.**