

## Follow up medical claim form

### Important note:

- 1) This form is only applicable for submission of follow up original medical bills for a previous accident/hospitalisation claim.
- 2) You may email the supporting documents - hospital final bill and medical receipts (interim hospital bills is not acceptable) to [pcc@income.com.sg](mailto:pcc@income.com.sg). Or, you can give to your insurance adviser. Please 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.
- 3) You may visit our website at <https://www.income.com.sg/claims> for the claim submission procedures.

### Claim details

Policy number
Claim number
Name of insured
Date of hospital admission/accident * (dd/mm/yyyy)

### Details of person submitting the claim

Name of insured/policyholder/insurance adviser*
Mobile number
Date (dd/mm/yyyy)
Signature

Note: For \*, please delete accordingly.