

## Total and Permanent Disability/Hospitalisation due to COVID-19 Claim Form (Income Family MicroInsurance Scheme)

**Dear claimant**

We are sorry to learn of your injury. In order for us to process your claim, please complete this form in full and attach the following documents:

Claim Type – Please tick '✓' the appropriate box: <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> Hospitalisation due to COVID-19
<input type="checkbox"/> Total and Permanent Disability/Hospitalisation due to COVID-19 Claim Form <input type="checkbox"/> NRIC or passport of claimant <input type="checkbox"/> Attending Physician's Statement (APS) (to be completed by attending physician and submitted to us) <input type="checkbox"/> Medical reports/Hospital discharge summary/Doctor's memos/Investigation reports (CT, MRI, X-rays, histopathology, laboratory), surgical reports and other relevant hospital reports <input type="checkbox"/> Medically boarded out letter
Claim number (for official use only)

**Important notes:**

**The acceptance of this form is not an admission of liability on the part of NTUC Income.**

- (a) Please submit the duly completed claim form together with the supporting documents within six months from date of occurrence. Claims submitted after this deadline will not be accepted.
- (b) Upon receipt of all the required documents, we will process your claim and inform you of the outcome as soon as possible. For each of the document listed above, please tick (✓) where applicable. Where not applicable, please indicate as 'N.A.'.
- (c) If you need any assistance, please contact our customer service officers at **6332 1133** or email us at [healthcare@income.com.sg](mailto:healthcare@income.com.sg).

### Particulars of claimant

Name (as shown in NRIC)	NRIC number
Residential address	
Contact number (Mobile)                      (Office)                      (Home)	Email
Estimated total gross monthly household income \$	Number of family members living in household      Number of children

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.

Is the claimant an undischarged bankrupt? If yes, please provide the bankruptcy number, name and contact details of the case officer representing the Official Assignee.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of child eligible for IFMIS	Birth certificate number
Please tick the applicable scheme <input type="checkbox"/> MOE FAS (Primary, Secondary, Specialised Schools and Pre-University Institutions) <input type="checkbox"/> NTUC My First Skool	School of child                      Nationality of child

Details of other children (if any)			
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study
Name of child	School of child	Date of birth	Level of study

### Details of disability

Cause of disability	Date of disability (dd/mm/yyyy)
Description of disability	
Is there loss of sight? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there loss of limbs? If 'Yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which are the Activities of Daily Living (ADL) that you now cannot perform independently? – feeding, mobility, transferring, washing/bathing, dressing and toileting/continence.	

### Details of Hospitalisation for COVID-19

Date symptoms started
Date of diagnosis of COVID-19
Date admitted to hospital
Date discharged
Name of hospital admitted to

### Particulars of alternative contact person (if any)

Name (as shown in NRIC)	NRIC number
Residential address	Email
Contact number (Mobile)                      (Office)                      (Home)	Relationship to claimant

### Details of other insurance

Is the insured claiming from any other insurance company or other sources (employer, other medical insurances, Workmen's Compensation Act) in respect of this condition or injury? If 'Yes', please provide the following information.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer, insurance company etc.	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notified	Claim paid
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Details of past related claims (if any)

Have you, your spouse, parents, children, brothers or sisters made a claim under the Income Family MicroInsurance Scheme previously? If 'Yes', please provide details of such claim below. Please note that each insured's (under the Income Family MicroInsurance Scheme) family unit is not allowed to submit more than one claim per calendar year. Any claim submitted in breach of this will be rejected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Personal data collection statement

NTUC 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 NTUC 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 application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

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 an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (f) provide financial advice for product recommendation based on your financial needs analysis;
- (g) provide ongoing services and respond to your inquiries or instructions;
- (h) make or obtain payments;
- (i) investigate and settle claims;
- (j) recover any debt owed to us;
- (k) detect and prevent fraud, unlawful or improper activities;
- (l) conduct research and statistical analysis;
- (m) coach employees and monitor for quality assurance;
- (n) reinsure risks and for reinsurance administration;
- (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

### 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;
- (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 NTUC 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 NTUC Income and/or its claims service providers.
- (b) I authorise NTUC 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 claimant

Date (dd/mm/yyyy)

### Confirmation by school

This is to confirm that the above-named insured whose child or ward studying in my school is verified to have the following:

(Please tick applicable boxes)

#### For Pre-School

- Child is a Singapore Citizen
- Received ECDA/MSF subsidy for families with Gross Household Income of up to \$4,500 per month or Per Capita Income not exceeding \$1,125 per month from date \_\_\_\_\_ (dd/mm/yyyy).

#### For Primary, Secondary, Specialised Schools and Pre-University Institutions

- Child is a recipient of the Ministry of Education (MOE) Financial Assistance Scheme from date \_\_\_\_\_ (dd/mm/yyyy).

\_\_\_\_\_  
Name of school representative

\_\_\_\_\_  
Signature of school representative

\_\_\_\_\_  
School's stamp

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