

Dear Customer,

For medical claims administer in-house, with no Third-Party Administration (TPA) arrangement including 'Junior Protection Plan'
 Please submit your claim through our online portal at <https://business.income.com.sg/corporate/log-in>.

For medical claims with Third-Party Administration (TPA) arrangement

Please submit online claims via the respective TPA app/portal. Otherwise, please email the claims directly to our respective TPA to avoid any delay in claim processing.

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 Insurance. Any documentary proof or report required by Income Insurance must be given at the expense of the policyholder or claimant. Please submit the claim 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.

Supporting documents for the type of claim (please tick accordingly)

Medical Expenses:

- Copy of final tax invoice(s)/receipt(s)
- Accident report from school/centre, if applicable
- Police report, if applicable
- For hospitalisation/day surgery, a copy of Inpatient discharge summary/Day surgery form/attending physician's medical report
- Copy of the Shield Plan's settlement letter if there is any payment by Medisave-approved Integrated Shield Plan

Permanent and Total/Partial Disability:

- Medical reports/Laboratory reports/Hospital Discharge Summary
- NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant
- Accident report from school/centre
- Newspaper Clipping and Police Report

Certification by the Policyholder (School/Centre)

This is to certify that:

- a. the Insured is a student of our school/centre.
- 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.

Name of school/centre	Policy number	
Address of school/centre	Contact details (Mobile) (Office) (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

Full 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) (Home) (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
Note: 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.	

Payee's details

Name of payee (as shown in the bank account)	NRIC, FIN or Passport number (as shown in the bank account)	Relationship to the insured	Nationality	Country of residence
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Payment options:

- PAYNOW (RECOMMENDED)**
- PayNow account must be registered with NRIC, FIN or UEN.
 - PayNow account registered with mobile number will not be applicable.
- DIRECT CREDIT**
- It must be a Singapore bank account denominated in Singapore Dollar.
 - **It is compulsory to submit a copy of bank book/statement for verification purpose.**

Name of bank _____

Account number _____

Personal data collection statement (A photocopy of this authorization is valid as an original copy)

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties, Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") (referred to Income Insurance'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 Insurance 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 Insurance'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 Insurance 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 Insurance, 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 Insurance any medical or relevant information to do with me or the insured;
- b) Income Insurance 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 Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance 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 Insurance.

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 Insurance 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 Insurance Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income Insurance'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 Insurance Parties for all the relevant purposes listed above and in Income Insurance's Privacy Policy.

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

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 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 Insurance 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 Insurance and/or its claims service providers.
- b. I authorise Income Insurance 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 Insurance 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 Insurance when required. I am aware that Income Insurance 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 Insurance 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 Insurance 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 Insurance will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income Insurance 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 Insurance has the right to recover any payment made by Income Insurance to me.

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

Name of Insured

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

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.

Full Name (as shown in NRIC or FIN)

Signature

NRIC or FIN number

Relationship to the Insured

Date (dd/mm/yyyy)