

# StudySafe 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.

Policy number:	
Claim number: (For official use)	

Personal details of policyholder								
Name (as shown in NRIC, FIN or Passport)		Sex	Female	NRIC, FIN	or Passport	number	Date of birt	h(dd/mm/yyyy)
Home address				Occupation			Nationality	
Contact number					Email			
(Office) (Home)	(Handp	hone)						
Note: For death claim, to fill in the details of the person filing t	he claim ι	under the poli	icyholder.					
Personal details of insured (No n	ieed to f	ill this in if	the info	ormatior	is the sa	me as ab	ove.)	
Name (as shown in NRIC, FIN or Passport)		Sex	Female	NRIC, FIN	or Passport	number	Date of birt	h(dd/mm/yyyy)
Home address	Home address			Occupation		Nationality		
Contact number					Email			
(Office) (Home)	(Handp	hone)						
	Рау	<mark>/ee's detai</mark> l	s					
Please tick $\checkmark$ the claim payment mode.								
For payment by direct transfer into <b>Policyholder's bank account</b> . Please provide supporting documents such as bank statement for verification of payee details.								
Full name (as shown in the bank account)	Full name (as shown in the bank account) Nationality			Name of Bank Bank Accou			ount Numbe	r
For payment by PayNow (registered with NRIC No. only)								
	Tra	avel details	5					
Date of departure from Singapore (dd/mm/yyyy) Time	am 🗌	] <sub>pm</sub> D	ate of ret	urn from S	ingapore (do	d/mm/yyyy	y) Time	🗌 am 🗌 pm
Which country or city did the incident or injury or illness happen in?				Date of event (dd/mm/yyyy)			Time	🗌 am 🗌 pm
Description of incident, injury or illness								
Are there any other insurance policies covering you for this incident? 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 u	s and the documents you are attaching for this claim. We may ask for more documents to assess the 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 (or attached):       Flight itinerary, boarding pass or passport stamp which shows the date of departure 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)       Policyholder 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 person who has died and 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						
If No, please give reasons.						
	c. Has your treatment been completed? See No If No, please say when treatment is expected to be completed.					
d. Amount you want to claim	Amount you want to claim					
e. 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						
InsuredDoHusband or wifeMaParentBirChildBir	I): icate the person in hospital or who has died cuments needed rriage certificate th certificate of person in hospital or who has died th certificate of insured th certificate of insured and person in hospital or who has died ticket ding passes					
a. Amount you want to claim						

Supporting documents needed (or attached):         Improve the interrupt set of the interrupt. Search and ting agent's confirmation on the cause and length of the travel         Travel         Original flight number       Original departure date (dif/mm/yayy)       Time		ravel delay						
Airline or bus or cruise operator's or their handling agent's confirmation on the cause and length of the travel         Travel         Original flight number       Original departure date (dd/mm/yyyy)         Time	Supp							
Travel       Original flight number       Original departure date (dd/mm/yyyy)       Time       am       pm         Actual flight number       Actual departure date (dd/mm/yyyy)       Time       am       pm         Cause of delay       Length of delay       am       pm         4       Loss of or damage to check-in baggage with a public transport provider       Losing money and credit card       Length of delay         4       Loss of or damage to check-in baggage or passport stamp which shows the date of departure and return to Singapore       Pflight timerary, boarding pass or passport stamp which shows the date of departure and return to Singapore       Pflight timerary, boarding pass or passport stamp which shows the date of departure and return to Singapore       Pflight timerary boarding pass or passport stamp which shows the date of damage confirmation letter from all inters or travel agent or operator of amount paid as compensation for loss       Photographs of damaged item (or items)         Baggage loss or damage of tem (or items)       Original reguit for 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         a.       Has this loss or damage been reported to the police or authorities?       If No, please say why.       Ives								
original flight number       Original departure date (dd/mm/yyyy)       Time       am       pm         Actual flight number       Actual departure date (dd/mm/yyyy)       Time       am       pm         Cause of delay       Length of delay       Ime       am       pm         Cause of delay       Length of delay       Length of delay         4       Losing travel documents       Supporting documents needed (or attached):       Flight titnerary, boarding pass or passport stamp which shows the date of departure and return to Singapore       Police report of the lost item (or items)         Baggage loss or damage to due to repart and authorities or service providers       Confirmation letter from repairer stating the cause and extent of damage       Protographs of damaged item (or items)         Coy of diagnostic report of repair for damaged item (or items)       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) or original purchase receipt or credit card statement and warranty card of lost or damaged item (or items) or original purchase receipt or credit card statement and warranty card of lost or damage been reported to the police or authorities?         a. Has this loss or damage been reported to the police or authorities?       Yes       No         If No, please provide etails on the compensation from the service provider.       Yes       No         If no, please provide etails on the compensation for cas								
Cause of delay       Length of delay         4       Loss of or damage to check-in baggage with a public transport provider       Losing money and credit card         Losing travel documents       Supporting documents needed (or attached):       Fight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore         Police report of the lost item (or items)       Baggage loss of damage report file with relevant authorities or service providers         Confirmation letter from airlines or travel agent or operator of amount paid as compensation for loss       Photographs of damage 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         a. Has this loss or damage been reported to the police or authorities?       Yes       No         If No, please provide etails on the compensation or cash settlement amount received:       Yes       No         If yes, please provide etails on the compensation or cash settlement amount received:       Yes       No         If No, please provide etails on the compensation or cash settlement amount received:       Yes       No         If No, please provide a copy of the diagnostic report to confirm damaged i			Original departure date (	dd/mm/yyyy)	Time	🗌 am 🗌 pm		
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Losing travel documents         Supporting documents needed (or attached):                 Plight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore             Police report of the lost item (or items)               Baggage 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             Coriginal 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?             if No, please provide details on the compensation from the service provider? (eg. Airline, cruise company, etc)             if yes		oss of or damage to check-in baggage with a pub	lic transport provider					
Supporting documents needed (or attached):            Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore             Police report of the lost item (or items)             Baggage 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?             If No, please say why.                 b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)             If yes, please provide details on the compensation or cash settlement amount received:             If no, please provide a copy of								
Image: Provide the lost item (or items)         Baggage 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 repair restating 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 or 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?         If No, please provide details on the compensation for cash settlement amount received:         If no, please provide details on the compensation form the service provider?         (e.       Can the damaged item (or items) be repaired?         (f No, please provide accept of the diagnostic report to confirm damaged item (or items) be repaire.		-						
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<ul> <li>Copy of diagnostic report from repairer stating the cause and extent of damage</li> <li>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)</li> <li>Original invoice for the economy-class transport and accommodation expenses incurred to apply to replace the lost passport or travel documents</li> <li>Replacement/passport photograph/travel documents</li> <li>a. Has this loss or damage been reported to the police or authorities?</li> <li>If No, please say why.</li> <li>b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)</li> <li>If yes, please provide details on the compensation or cash settlement amount received:</li> <li>If no, please provide evidence of denial compensation form the service provider.</li> <li>c. Can the damaged item (or items) be repaired?</li> <li>If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.</li> </ul>					on for loss			
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<ul> <li>Original invoice for the economy-class transport and accommodation expenses incurred to apply to replace the lost passport or travel documents</li> <li>Replacement/passport photograph/travel documents</li> <li>a. Has this loss or damage been reported to the police or authorities?</li> <li>If No, please say why.</li> <li>b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)</li> <li>If yes, please provide details on the compensation or cash settlement amount received:</li> <li>If no, please provide evidence of denial compensation form the service provider.</li> <li>c. Can the damaged item (or items) be repaired?</li> <li>If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.</li> </ul>		Original repair bill or quotation of repair for o			eceipt or credit card	statement and warranty card		
<ul> <li>a. Has this loss or damage been reported to the police or authorities?</li> <li>b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)</li> <li>If yes, please provide details on the compensation or cash settlement amount received:</li> <li>If no, please provide evidence of denial compensation form the service provider.</li> <li>C. Can the damaged item (or items) be repaired?</li> <li>If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.</li> </ul>		Original invoice for the economy-class transp	ort and accommodation e	xpenses incurred to	apply to replace the	lost passport or travel		
If No, please say why.         b. Did you receive any compensation from the service provider? (eg. Airline, cruise company, etc)       Yes         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         If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.		Replacement/passport photograph/travel do	cuments					
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If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.		If no, please provide evidence of denial compens	sation form the service pro	ovider.				
Description of damaged or lost item (or items)Original purchase priceDate of purchaseReceipt (Yes/No)Amount you want to claimImage: Image: Ima	C.		port to confirm damaged it	tem (or items) beyon	d repair.	Yes No		
		Description of damaged or lost item (or items)	Original purchase price	Date of purchase	Receipt (Yes/No)	Amount you want to claim		
Image: selection of the								
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#### 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 Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, improve and/ or customise their products/ services and/ or to provide you with their respective products /services, and in the manner and for other purposes described in Income's Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

### **Declaration and authorisation**

I/We cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.

I/We declare that the answers given in this form are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. If it is discovered later that the insured suffers from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income.

I/We confirm that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" (PDUS) above. I/We further confirm on the representation and warranty made in the PDUS.

If this claim is submitted under a group policy,

- a. I, the insured, consent to (1) the group policyholder disclosing to Income; and (2) Income disclosing to the group policyholder, my personal data (including claims information and outcome) for the purposes of claims administration;
- b. We, the group policyholder represent and warrant that we have obtained the consent from the insured (1) to disclose to Income the insured's personal data (including claims information and outcome); (2) for Income to disclose the insured's personal data including all claims information and outcome to the group policyholder to facilitate the administration of the claims that we have submitted in this form, where necessary.

For the purpose of administering and processing my/our claim, I/we authorise, consent and agree to:

- a. The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me/us or the insured;
- b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me/us 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 assess this claim.

I/We confirm that all copies of the claim documents that I/we have submitted to Income are copies of the original documents and I/we agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity.

I am/We are aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me/us.

I/We confirm that I/we have paid in full all the bill(s)/invoice(s) that I/we have submitted to Income for reimbursement and I/we have not made nor will I/ we make any claim against any other source for the same bill(s)/invoice(s).

If I/we have made a claim from other source, a. I/we agree that I/we will provide a copy of any document requested by Income of the payment received by me/us; b. I am/we are aware that Income will not reimburse me/us if I/we have been fully reimbursed by such source; c. I am/we are aware that Income may only reimburse me/us up to the remaining balance of the unpaid bill/invoice I/we have been partially reimbursed by such source; d. I/we undertake to refund on demand any payment made by Income to me/us which exceeds what I/we have incurred in total.

I/We understand that I/we must give Income all documents, authorisations or information required by Income to assess the claim. If I/we fail to cooperate with Income in administering and processing the claim, I am/we are aware that the assessment of the claim may be delayed or Income may reject the claim.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

Name of policyholder:	Name of insured:
Signature:	Signature:
Date (dd/mm/yyy) :	Date (dd/mm/yyy) :

## Claim submission instruction

You may email the completed claim form and supporting documents to 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.