Personal Accident Claim

CLAIMANT'S STATEMENT FORM

* C L A I M F *

Singlife

IMPORTANT NOTES:

1. Please read the instruction on **"How to file a Personal Accident Claim"** before completing this form.
2. All sections of our forms must be duly completed to avoid unnecessary delay. Indicate as "N.A." if not applicable.
3. Any fees for completion of the Doctor's Statement and/or medical evidence shall be borne by the person making the claim.
4. The acceptance of this form is not an admission of liability on the part of Singapore Life Ltd. Any documentary proof or report required by Singapore Life Ltd. shall be furnished at the expense of the Claimant.
5. If you have submitted medical reimbursement claims via the online portal or email, please keep your original bills.

Policy Number

SECTION A: LIFE ASSURED/INSURED PERSON DETAILS

Claimant Name (as per NRIC/FIN)

NRIC/FIN/Passport/Birth Certificate Number
*Please attach copy of NRIC/FIN (front and back)

Occupation

Date last at work (dd/mm/yyyy)

Name of Employer

Address of Employer

SECTION B: ACCIDENT DETAILS

Note: For Accident claims, please complete all sections.
For Illness or Infectious Disease claims, please skip to Section C.

Date and time of Accident

Date

Time

Place and Country of Accident

Describe and provide details on how the accident happened, exact area(s) of the body and extent of injuries/disabilities sustained

Was there any eyewitness to the accident? ☐ Yes ☐ No
If "Yes", please provide details below:

Name of Witness (1)

Address

Contact Number

Relationship with Life Assured/Insured Person (if any)

Name of Witness (2)

Address

Contact Number

Relationship with Life Assured/Insured Person (if any)

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SECTION B: ACCIDENT DETAILS (continue)

Was the accident reported to the Police? ☐ Yes ☐ No
If "Yes", please provide a copy of the police investigation report and complete the following:

Name of Investigation Officer-in-charge

Police Station (Branch & Address)

Please state the type of treatment(s) provided.

Date of 1st treatment (dd/mm/yyyy)

For Traditional Chinese Medicine (TCM), please provide details below:

Name of the TCM Physician

TCMB Registration Number

Please state the reason if you did not seek treatment immediately after the accident.

SECTION C: INJURY/ILLNESS/INFECTIOUS DISEASE DETAILS

Date symptoms 1st started (dd/mm/yyyy)

Date 1st treated (dd/mm/yyyy)

Describe all the symptoms presented and the nature of the medical condition or disability.

Date 1st consulted doctor for the condition (dd/mm/yyyy)

Name of Doctor 1st consulted

Address

Date of diagnosis (dd/mm/yyyy)

Exact diagnosis

Have you suffered from or received treatment for a similar or related injury/illness/infectious disease? ☐ Yes ☐ No
If "Yes", please provide full details including name and address of doctor consulted and date of consultations, etc.

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SECTION D: OTHER INFORMATION

Period of Hospitalisation **(Please provide copy of hospital bill)**

From (dd/mm/yyyy) | To

Period of Medical Leave given

From (dd/mm/yyyy) | To

Period of Medical Leave for **Light Duties** given

From (dd/mm/yyyy) | To

Was surgery performed? ☐ Yes ☐ No
If "Yes" please provide the details below:

Type of Surgical Operation/Procedure

Date of Operation/Procedure (dd/mm/yyyy)

Name & Address of Doctor/Hospital

Have you returned to work?

☐ Yes If "Yes", when did you return to work? (dd/mm/yyyy)

☐ No If "No", when would you be expected to return to work? (dd/mm/yyyy)

Are you able to perform all duties of your work after the accident/illness? ☐ Yes ☐ No
If "No", please provide the details below:
What are the work duties you are unable to perform?

When are you expected to be able to fully perform all work duties? (dd/mm/yyyy)

Details of Life Assured/Insured Person's doctor(s) consulted for **this injury/illness or any other disorders/conditions**:

Name & Address of Doctor

Reason for Consultation

Treatment Provided

Date of First Consultation (dd/mm/yyyy) | Date of Last Consultation (dd/mm/yyyy)

Are you claiming Medical Expenses/Workman's Compensation from any other source? ☐ Yes ☐ No
If "Yes", please provide the details below:

Name of Insurance Company, Employer, Third Party, etc

Nature of Claim

Amount Claimed | Policy Number

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SECTION E: MODE OF PAYMENT

For a better payment experience, Individual Life (i.e. non-Corporate or General Insurance policies) SGD payments to the Assured (Policyholder) will be credited to the bank account linked to the Assured (Policyholder)'s **PayNow-NRIC/FIN**.
Please check that you have registered for **PayNow** with your bank, using your NRIC/FIN.

Bank Account Details (Applicable to Corporate Policyholders)

Name of Bank Account Holder(s)

Name of Bank | Bank Account No.

Note: Customers who wish to receive policy benefits and/or claims proceeds via Electronic Fund Transfer will need to provide us with a copy of their bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

SECTION F: THIS SECTION IS FOR CORPORATE POLICYHOLDERS ONLY

Name of Employer/Policyholder

If Sum Assured is Based on Salary, please provide a certified true copy (by employer) of the Insured Member's last pay slip (for last 3 months).

Last Drawn Salary | Date of Last Drawn Salary (dd/mm/yyyy) | Date of Employment (dd/mm/yyyy)

Commencement Date of Insurance for Insured Member (dd/mm/yyyy)

If Deceased is a dependent, effective date of his/her insurance (dd/mm/yyyy)

SECTION G: THIS SECTION IS APPLICABLE FOR INDIVIDUAL LIFE AND GENERAL INSURANCE ONLY

MOBILITY AID AND AMBULANCE SERVICES REIMBURSEMENT

Please list the following details for each item you are claiming for:

I. Description of Item including Make & Model/Service engaged

Purchase/Service Activation Date (dd/mm/yyyy) | Purchase/Activation Location

Receipts Attached ☐ Yes ☐ No | Amount you are claiming for (SGD)

II. Description of Item including Make & Model/Service engaged

Purchase/Service Activation Date (dd/mm/yyyy) | Purchase/Activation Location

Receipts Attached ☐ Yes ☐ No | Amount you are claiming for (SGD)

III. Description of Item including Make & Model/Service engaged

Purchase/Service Activation Date (dd/mm/yyyy) | Purchase/Activation Location

Receipts Attached ☐ Yes ☐ No | Amount you are claiming for (SGD)

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SECTION H: THIS SECTION IS APPLICABLE FOR GENERAL INSURANCE ONLY – PERSONAL LIABILITY

Please note that any correspondence you receive regarding this incident should be sent to us immediately.

Was the accident due to carelessness, or negligence on your part? ☐ Yes ☐ No

Have you in any way admitted liability? ☐ Yes ☐ No

If any, which Police Officer and Police Station did you report this occurrence?

Names & Address(es) of the other party/parties

Nature of the personal injury sustained by any person

Extent of the damage to the property belonging to the other party/parties

If a claim has been made against you, was the amount of such claim specified? ☐ Yes ☐ No

If "Yes", what is the amount

Please provide additional information, which you consider would help us in dealing with any claim that may be made against you.

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SECTION I: THIS SECTION IS APPLICABLE FOR INDIVIDUAL LIFE POLICY ONLY

Declaration of Beneficial Owner (Applicable for Individual Life Policy only)

Note: This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

☐ I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form on our website at www.singlife.com.

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

"Legal person" means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

"Legal arrangement" means a trust or other similar arrangement.

Declaration of US person status under the Foreign Account Tax Compliance Act (FATCA)

Note: US Indicia means a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US "in-care-of" or "hold mail" address).

Please tick (✓) the box as appropriate.

☐ I/We declare and agree that there is no change to my tax status and I am/we are not a "US Person" for US federal income tax purposes and that I am/we are not acting for, or on behalf of a US person. I/We understand that Singapore Life Ltd., believing this statement to be true, will rely and act on it.

☐ I/We declare and agree that I/We have one or more US indicia but I am/we are not a "US Person" for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person. I/We understand that Singapore Life Ltd., believing this statement to be true, will rely and act on it.

(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

☐ I/We declare and agree that I am/we are a "U.S. Person" for U.S. federal income tax purposes.

(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

I/We understand that Singapore Life Ltd. is required to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds under cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year. I/We agree that if my/our tax status has changed to a US tax status and/or I/We have become US citizen(s) or resident(s), I/We will notify Singapore Life Ltd. within 30 days of the change.

Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act 1947.

Declaration of Tax Residency under the Common Reporting Standard (CRS)

Please tick (✓) the box as appropriate.

☐ I/We declare that there is no change to the information that I/We have provided to Singapore Life Ltd. that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.

☐ I/We declare that there is a change(s) to the information that I have provided to Singapore Life Ltd. that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.

(If you have selected this option, the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** (available at www.singlife.com/CRS) and return to us.

I/We declare that I am/we are the Account Holder (or am authorised to sign the Account Holder) of all account(s) to which to this form relates. I/We undertake to notify Singapore Life Ltd. within 30 days of any change in circumstances which affect my/our tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Singapore Life Ltd. a suitably updated self-certification form and declaration within 90 days of such change in circumstances.

For the purposes of this section, Account Holder means the person listed or identified as the policy owner of the policy. A person holding a policy for the benefit of another person as an agent, custodian, nominee, signatory, advisor, intermediary or as a legal guardian is not treated as the Account Holder.

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SECTION J: DECLARATION AND AUTHORISATION

I/We hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information or circumstance has been withheld or omitted.

I/We declare that I/We am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We agree that:

a) this claim signifies my/our consent to Singapore Life Ltd. to obtain medical information from any doctor whom the Life Assured has consulted and I/We authorise the doctor to release such information to Singapore Life Ltd.
b) Singapore Life Ltd. may release any relevant information concerning the Life Assured (including medical information) to any third party, which Singapore Life Ltd. deems necessary.
c) any third party who has received any information concerning the Life Assured may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the Life Assured (including medical information) to any other party for any purposes related to the Life Assured's application or my/our claim for the benefits.
d) a photocopied copy of this form shall be treated as valid and binding as if it is the original.

I/We declare and undertake that I/We have submitted the actual bills and receipts (including electronic/digital copies) issued by the medical institutions.

I/We understand that Singapore Life Ltd. has the right to:

a) ask for originals/certified true copies of the bills and receipts, or contact the medical institution directly, to confirm that the bills and receipts are original.
b) reject claims, recover amounts paid or impose additional charges, if the claim is false or where there are multiple claims made.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

Note: If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us. Further, you understand that you will be responsible to Singlife for any loss or claim arising out of your failure to obtain consent of the person who you have disclosed.

Signature/Thumbprint & Company's Stamp (if applicable)

	Date

Name of Assured/Policyholder

NRIC/FIN/PP No.	Mobile No.	Home/Office Tel No.

Email

Residential Address*

Signature of Life Assured/Insured Person who is 21 years old or above
(if different from Assured/Policyholder)

	Date

Name of Life Assured/Insured Person

NRIC/FIN/PP No.	Mobile No.	Home/Office Tel No.

Email

***Note:** All correspondence will be sent to the mailing address as per our existing record.

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SECTION K: DECLARATION AND AUTHORISATION (APPLICABLE FOR GENERAL INSURANCE ONLY)

☐ I declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

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☐ I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd. (referred to as "Singlife"), or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

SECTION L: DECLARATION AND AUTHORISATION (APPLICABLE FOR CORPORATE POLICYHOLDERS ONLY)

I/We hereby authorise Singapore Life Ltd. ("Singlife") to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the patient at any time and authorise the prior mentioned organisations to disclose all such information to Singlife. A photocopy of this authorisation shall be considered as effective and valid as the original.

I/We hereby authorise Singlife to request from any hospital, physician, person or organisation, all information with respect to any.

I/We declare and undertake that I/we have submitted the actual bills and receipts (including electronic/digital copies) issued by the medical institutions.

I/We understand that Singlife has the right to:

- Ask for originals/certified true copies of the bills and receipts, or contact the medical institution directly, to confirm that the bills and receipts are original.
- Reject claims, recover amounts paid or impose additional charges, if the claim is false or where there are multiple claims made.

I/We declare that the statements and answers stated are true and complete to the best of my/our knowledge and belief.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Policy which may be found at https://singlife.com/en/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Name of Claimant

NRIC No.

Address

Date (dd/mm/yyyy)

Signature of Claimant

Company's Name & Stamp

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