



BENEFIT CLAIM - CLAIMANT'S STATEMENT

IMPORTANT: Instructions on how to file a Benefit Claim:

1. Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
2. Please provide a clear description of each type of check-up and its corresponding charge on the original bills/receipts.
3. Provide the original bills/receipts together with this completed claim form and send to Singapore Life Ltd., Individual Life Claims Department.
4. If you've submitted medical reimbursement claims via email, please keep your original bills for at least 6 months.
5. For Lump Sum Benefit and Hospitalization Benefit, please use "Retail & Individual Medical Claim Form".
6. We advise that Singapore Life Ltd. does not admit liability by the mere issue of this or any other form.

To be completed by the Assured (Policyholder)

POLICY NUMBER(S):		
Type of Claim (please √ box): <input type="checkbox"/> Annuity Medical Expense <input type="checkbox"/> Health Screening <input type="checkbox"/> Biennial Medical		
Section A: Details of Life Assured		
Name of Life Assured	NRIC/FIN/Passport No	
Section B: Details of Illness		
Type / Description of Check-up		
Date Incurred (dd/mm/yyyy)		
Name of Doctor		
Name and Address of Clinic		
Section C: Policyholder's Bank Account Details - Default payment method is direct credit to the account below		
Name of Bank Account Holder(s)		Type of Account: <input type="checkbox"/> Single <input type="checkbox"/> Joint (Please tick box)
Name of Bank	SWIFT/BIC Code	Bank Account No.
Notes: (i) Please provide a copy of your bank statement/bank book for account verification and a copy of NRIC/Passport of all bank account holders. (ii) All future claims under this policy(ies) will be paid to the above bank account, where applicable. If there is a change of bank account, please notify us.		

Section D: 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:

- 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.
- 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.
- 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.
- 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:

- 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 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/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

I declare that there is no change to the information that I have provided to Singapore Life Ltd. that would result in a change to my tax residency status including but not limited to my status as a U.S. Person for U.S. federal income tax purposes, such as change in my residence/mailing/in-care of address telephone number and citizenship.

I undertake to inform Singapore Life Ltd. in writing within 30 days of any change in circumstances which would affect my tax residency status.

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 of Assured _____ Date (dd/mm/yyyy) _____

Name of Assured _____ Contact No _____

NRIC/FIN No _____ Email _____

Address _____

For Office Use Only:

Claim Reg No.	CL		
Incurred Period (MMM/YYYY)			
Approved Amount	S\$	S\$	S\$
Approved Date			
Approved By			