

**PERSONAL ACCIDENT CONTINUITY CLAIM - CLAIMANT'S STATEMENT**
(Further claim submission to a previous claim)**IMPORTANT: Please read the following before completing this form.**

1. This claim form is only applicable for **continuity (or further) claim** to a previous claim.
2. Please provide the following documents (where applicable):
 - a) Original Medical Leave Certificate (MC) for continuity claim under Weekly Income Cover
 - b) Certified true copy of the Detailed Inpatient Discharge Summary
 - c) Certified true copy of any diagnostic reports, laboratory evidence and any relevant hospital reports
 - d) Original final Hospital Bills / medical bills & receipts
 - e) Copy of claim settlement letter and payment voucher if there was a reimbursement of medical expenses from another insurance policies
3. The Life Assured/Assured 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.
4. The Assured shall bear the cost of medical reports fees (if any). Singapore Life Ltd. reserves the right to request for medical report(s) if deemed necessary.
5. If you have submitted medical reimbursement claims via email, please keep your original bills for at least 6 months.
6. For treatment and surgical procedure which occurred overseas, original documents and supporting documents can only be certified by the Notary Public of the Country where Life Assured seek treatment and undergone the surgical procedure.
7. All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
8. Please continue to pay your premium until we have informed you the outcome of your claim.
9. Singapore Life Ltd. does not admit liability by the mere issue of this or any other form.
10. If Assured/Life Assured have one or more US Indicia, please complete the United States of America (US) Person Declaration Form [**US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address*].
11. If there is a change in Assured/Life Assured's tax residency information, please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person.
12. The Assured/Life Assured undertake to inform Singapore Life Ltd. in writing within 30 days of any change in circumstances which would affect his/her tax residency status.

A. CLAIM DETAILS**POLICY NUMBER(S):**

Name of Life Assured

NRIC/FIN/Passport/BC No

Date of Accident (dd/mm/yyyy)

Date of Diagnosis (dd/mm/yyyy)

Date of **First** Hospital admission
(dd/mm/yyyy)Please give details of the Life Assured's **current** physical defects or infirmities

Has the Life Assured returned to work?

☐ Yes☐ No

If "Yes", please state the date return to work? (dd/mm/yyyy)

B. DETAILS OF PERSON SUBMITTING THIS FORM

Name of Assured / Financial Adviser *

Date

Mobile No.

Email

* Please delete whichever is not applicable