QBE Insurance (International) Limited
A member of the worldwide QBE Insurance Group Unique Entity No. S16FC0047K
60 Anson Road #11-01 Mapletree Anson Singapore 079914
Tel: 65-6224 6633 Fax: 65-6533 3270 www.qbe.com.sg

SIA GROUP OF COMPANIES (Dependants of Graded Staff Plan)

OUTPATIENT CLAIM FORM

To be completed by the doctor (all relevant fields must be filled)	To be completed by the employee
Name of patient: NRIC/Passport No:	Name of employee:
Date of birth:	NRIC/Passport No:
For child between the age of 19 years to 26 years, please attach a copy of his/her student pass or letter from the institute to certify that he/she is attending an accredited school, college or university on a full-time basis. Date of consultation: _____ GP consultation: $ _____ Specialist Consultation : $ _____ (GP referral letter to be attached for 1st visit) Is this a Post-Hospitalization Specialist Follow-up visit? Yes / No X-Ray/Lab Investigation: $ _____ Vaccination/Inoculation: $ _____ Total: $ _____	Address: Tel No. (Mobile): (Office): (Home): **Please circle the appropriate subsidiary** **SIA Ltd** **Eagle Services Asia** **SIA Engineering Co** **SilkAir (S) Pte Ltd** **SIA Cargo** **Tradewinds** **SATS Ltd** Staff Number:

For Emergency Outpatient Treatment as a result of Injury, please describe how and when the accident took place:

_____

_____

Dear Doctor
To help us expediate reimbursement, please tick the condition or illness for which the patient consulted you.

- ☐ Abdominal Pain
- ☐ Abscess
- ☐ Allergic Reaction
- ☐ Allergic Rhinitis
- ☐ Amenorrhoea
- ☐ Anaemia
- ☐ Anorexia
- ☐ Arthritis
- ☐ Asthma
- ☐ Bronchitis
- ☐ Bursitis
- ☐ Cervicitis
- ☐ Chest Pain
- ☐ Conjunctivitis
- ☐ Constipation
- ☐ Cough
- ☐ Dermatitis
- ☐ Diabetes Mellitus
- ☐ Diaper or Napkin Rash
- ☐ Diarrhoea
- ☐ Dizziness (vertigo)
- ☐ Duodenal Ulcer
- ☐ Dysmenorrhoea
- ☐ Eczema
- ☐ Epilepsy
- ☐ Esophagitis
- ☐ Fever-Pyrexia Unknown Origin
- ☐ Foreign Body - Eye
- ☐ Foreign Body - Throat
- ☐ Gastritis
- ☐ Gastroenteritis
- ☐ Gout
- ☐ Haemorrhoids
- ☐ Headache
- ☐ Hepatitis
- ☐ Herpes Simplex
- ☐ Herpes ZOSTER
- ☐ Hives (Urticaria)
- ☐ Hypertension
- ☐ Impetigo
- ☐ Influenza
- ☐ Insomnia
- ☐ Irreg. Menst. Cycle
- ☐ Irrit. Bowel Syndrome
- ☐ Laryngitis
- ☐ Lumbago
- ☐ Menometrorrhagia
- ☐ Menopausal
- ☐ Migraine
- ☐ Moniliasis
- ☐ Mononucleosis
- ☐ Otitis Externa
- ☐ Otitis Media
- ☐ Pelvic Inflam. Dis.
- ☐ Peptic Ulcer
- ☐ Pharyngitis
- ☐ Pneumonia
- ☐ Pre-Menstrual Tension
- ☐ Rash
- ☐ Scabies
- ☐ Sinusitis Acute
- ☐ Tennis Elbow
- ☐ Thrush
- ☐ Tonsillitis
- ☐ Upper Resp Tract Infection
- ☐ Urethritis
- ☐ Urinary Tract Infection
- ☐ Vaginitis
- ☐ Viral Infection

Other illness (PLEASE SPECIFY): _____

Please note that this is a common list of conditions. Not all conditions listed above are covered under the policy

Doctor's Signature & Stamp Date	I consent to the release of the above medical information. **Employee's Signature** Date

INSTRUCTIONS

1. Pay the doctor first. Submit all original bills/receipts.
2. (a) Ask the doctor to complete the appropriate sections.
   (b) It is imperative that the diagnosis must be given by the doctor only.
3. Kindly note that for a hospitalisation or surgery claim, you are required to complete a different Claim Form, obtainable from SIA or QBE Insurance (International) Limited.
4. Submit all bills and claim form to QBE Insurance (International) Limited. Payment of outpatient claims is through Giro system.

Note : (1) Claims submitted later than 31 days after the date of treatment may be declined for benefit treatment.
(2) It is important that a complete answer be given under all sections, otherwise the claim may be delayed.