Medical Claim Form

QBE Insurance (Singapore) Pte Ltd

The Insured shall within 31 days of an event giving rise to a claim under the policy, give written notice to QBE stating full particulars of the claim.

Outpatient

1) Completed Claim Form (Page 1)
2) Original tax invoice
3) Copy of referral letter for first visit to specialist
4) Copy of I/C/work permit/passport
5) Copy of valid student pass for children above 19 years old
6) Read and complete Section E (Page 3)

Inpatient (Hospitalisation/Surgery)

1) Completed Claim Form (Page 1)
2) Completed Page 2 of claim form (applicable to hospitalisation/surgery at private/overseas hospital/clinic)
3) Original final detailed hospital tax invoice
4) Copy of inpatient discharge summary/pre-admission authorisation form (applicable to hospitalisation/surgery at government/ restructured hospitals)
5) Copy of all investigation results/report
6) Copy of valid student pass for children above 19 years old
7) Copy of I/C/work permit/passport
8) Copy of police report for claims involving road traffic accident
9) For special grant/repatriation benefit
   a. Copy of death certificate
   b. Copy of permit to export
   c. Original receipt for expenses incurred for repatriation
10) Read and complete Section E (Page 3)

Section A: To Be Completed By Policyholder

Policyholder	Policy No.
Name of Patient	NRIC/FIN No.
Name of Employee (if different)	NRIC/FIN No.

Category ☐ Capt ☐ SFO ☐ Mgr ☐ AO ☐ Others (Please specify)

Relationship to Employee ☐ Spouse ☐ Child

Email	Contact No.
Room & Board Entitlement Per Day	Date of Admission

Section B: To Be Completed By Policyholder

Details of Employee					If Patient is a Dependant			
Date of Birth (DD/MM/YYY)	Gender	Date of Employment	Occupation	Plan Type (Room & Board)	Date of Birth (DD/MM/YYY)	Gender	Effective Date of Insurance	Occupation

Signature of Policyholder	Company's Name and Stamp	Date

Section C: To Be Completed By Employee/Patient

Nature of Illness/Accident	Nature of Treatment (if any)	Date Illness First Discovery/Occurrence

(This part must be signed by the patient or patient's parent/ legal guardian if patient is a minor)

I, the undersigned, hereby declare that the particulars stated on this form are true in every respect and that I have supplied full information on all particulars relevant to this claim. I authorise any physician or other person who has attended to me, or my dependant to release any information acquired in the course of examination or treatment to QBE Insurance (Singapore) Pte Ltd. I also authorise the hospital to release and provide any billing documents, invoices or other information relating to me or my dependant directly to QBE Insurance (Singapore) Pte Ltd in any form or mode of transmission when requested by them. A copy of this authorisation shall be considered as effective and valid as the original.

I, the undersigned, have read and agree to the clauses described in Section E at page 3 of this claim form relating to the Personal Data Protection Act.

Signature of Employee	Signature of Patient	Date

Section D: To be completed by your attending physician/surgeon if you were admittedt o a private hospital/clinic/ overseas hospital

A. Name of Patient

B. (i) Final Diagnosis and ICD Code (Based on ICD, 1975, WHO)

(ii) What is the cause of illness/injury?

(iii) Patient's description of the symptom(s) and duration experienced, or how the injury was sustained

(iv) Has the patient ever suffered from an episode of similar injury or symptom(s) including similar symptom(s) of lesser severity, chronic or acute or which wax and wane, or relapse and remit intermittently ☐ Yes ☐ No

Has this diagnosis been made in the past? ☐ Yes ☐ No

(v) Date patient first developed symptom(s) or when injury was first sustained

(vi) Date patient first sought medical treatment for the described symptom(s), or injury

(vii) Name of the doctor, clinic or hospital consulted when symptom(s) first developed

(viii) Name of other doctors, clinics or hospitals visited previously with reference to the symptoms or injury described in para iii, iv & vi

(vi) Date patient first sought medical treatment for the described symptom(s), or injury

Name of doctor, clinics/hospitals	Exact date of visit, or year where the exact date is not available

C. (i) Name of the doctor who referred the patient to you (Please attach a copy of the referral memo with this report)

(ii) Was the patient already on long term medication or regular follow-up with a doctor for the illness/injury stated in para B.(i).? If "Yes", what long term medication is the patient using and what history of regular follow-up did the patient offer?

D. (i) The exact name of the surgical procedure(s) or treatment rendered. (Please attach such other reports as, histology/gastro-colono, cardiac report, etc., when returning this report)

Date of surgery or treatment rendered	Operation table and code

(ii) If no surgery was performed, please state treatment/medication given

E. What is the prognosis of this condition?

F. Is this treatment related to

(i) past or recent pregnancy or childbirth? ☐ Yes ☐ No

(ii) abortion or miscarriage? ☐ Yes ☐ No

(iii) infertility/subfertility condition ☐ Yes ☐ No

(iv) correcting infertility/subfertility condition? ☐ Yes ☐ No

G. Is this condition

(i) a congenital anomaly; a physical defect at birth; a genetic condition? ☐ Yes ☐ No
If "Yes", when was it first made known to the patient? ____________ (Please indicate date)

(ii) a mental or nervous disorder? ☐ Yes ☐ No

(iii) a refractive error of the eye? ☐ Yes ☐ No

(iv) due to intentional self inflicted injury or drug overdose; excessive consumption of alcohol; use of narcotics or similar drugs or agents? (If yes, please circle which one) ☐ Yes ☐ No

(v) due to sexually transmitted disease? ☐ Yes ☐ No

H. Is this a cosmetic surgery? ☐ Yes ☐ No
If "No", please explain why the surgery is necessary

I. Is this a dental surgery/treatment? ☐ Yes ☐ No

J. Is this a job related injury? ☐ Yes ☐ No

Signature of Physician/Surgeon and Official Stamp	Name and Address of Clinic/Hospital
Name of Physician/Surgeon	Date

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

a) considering whether to provide you with the insurance you applied for;
b) processing your application for underwriting and insurance;
c) administering and/or managing your relationship, account and/or policy with QBE;
d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
f) carrying out your instructions or responding to any enquiries by you;
g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
j) complying with applicable law in administering and managing your relationship with QBE;
k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583

SEP17