

## **MINDEF & MHA GROUP INSURANCE – CLAIMS PROCEDURE AT A GLANCE**

Please refer to the following documents required for filing each type of claim:

### **A. For Death Claim under Group Term Life and Group Personal Accident policy:**

- 1) Death Claim Form (to be completed )
- 2) Certified True Copy of Death Certificate
- 3) Certified True Copy of Marriage Certificate if deceased was married
- 4) Certified True Copy of deceased's Birth Certificate and copy of deceased's parents' identity cards if deceased was not married
- 5) Certified True Copy of claimant's identity card (front and back)
- 6) Certified True Copy of Last Intestate Will (if any)

Note: Singlife will request for the Physician Statement if there is insufficient information on the submitted documents.

#### **If death cause is due to accidental events, please submit:**

- 1) Police Investigation Report
- 2) Post Mortem / Autopsy Report including Toxicology Report
- 3) Coroner's Inquest / Verdict

### **B. For other / additional benefits claim under Group Personal Accident policy, please submit:**

#### **Disappearance**

- 1) Newspaper Clippings (if any)
- 2) Certified True Copy of Airline / Authorities letter confirming that deceased was a passenger of the unfortunate accident
- 3) Certified True Copy of Immigration & Checkpoints Authority (ICA) letter indicating updated life status of deceased

#### **Child Education Fund Benefit**

- 1) Certified True Copy of child's Birth Certificate (front and back)
- 2) Certified True Copy of child's Concession Pass (front and back) or Enrolment letter from Institution

#### **Compassionate Death Allowance Benefit**

- 1) Certified True Copy of funeral expenses invoices

### **C. For Total & Permanent Disablement / Total & Permanent Dismemberment due to Accident / Advance Payment Benefit / Injury due to Accident / Disability Income / Comatose Lump Sum Benefit Claim under Group Term Life and Group Personal Accident policy:**

- 1) Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Certified True Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, X-Rays, laboratory reports
- 4) Certified True Copy of Insured Person's NRIC (front and back)
- 5) Certified True Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

#### **Additional documents required for Disability Income Benefit Claim:**

- 1) Employment and/or Income documents, e.g. confirmation from employer on absence from work, termination letter, pay slips, IR8A Form, CPF Statements, Commission Statement, etc.
- 2) Copies of all medical leave certificates

### **D. For other / additional benefits claim under Group Personal Accident policy, please submit:**

#### **Mobility aid upon accidental Total & Permanent Disablement**

- 1) Certified True Copy of mobility aids purchase and installation invoices

#### **Ambulance Cost**

- 1) Certified True Copy of ambulance fee invoice (transportation to hospital)

**Home Rehabilitation Renovation Expenses**

- 1) Certified True Copy of installation invoices

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

**E. For Living Care / Living Care Plus Claim**

- 1) Living Care / Living Care Plus Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Certified True Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, PET Scans, X-Ray, histopathology / laboratory reports
- 4) Certified True Copy of Insured Person's NRIC (front and back)
- 5) Certified True Copy of Insured Member's / Affiliate Member's NRIC (front and back), if Insured Person is a dependant

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

**F. For Daily Hospital Cash Benefit / Hospital Recuperation Benefit / Simple Fracture or Other Fracture due to Accident Claim under Group Term Life and Group Personal Accident policy:**

1. Claim Form (to be completed)
2. Copy of finalized hospital bill (admission and discharge dates have to be indicated)
3. Copy of Inpatient Discharge Summary / Doctor's memorandum indicating diagnosis and date of injury
4. Copy of Insured Person's NRIC (front and back)
5. Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

**IMPORTANT NOTE:**

- The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to pursue for the said documents.
- For submission via email, please ensure that documents are colored scanned.

**Submission of claim documents:**

To submit a claim, complete the relevant Claim Form and also have on-hand the required supporting documents. Thereafter, email us the complete set of claim documents for our claim review. We will acknowledge your electronic claim submission within 2 business days.

Alternatively, you may call us and we will be able to guide you through the claim process.

You may contact us at:

**MINDEF & MHA Claims Hotline – 6827 7991**

**Our Operating Hours:**

Mondays – Fridays 9am – 6pm

Closed on Saturdays, Sundays and Public Holidays

**Email Addresses – [MINDEF\\_Claims@singlife.com](mailto:MINDEF_Claims@singlife.com)** (For Mindef Claims)

[MHA\\_Claims@singlife.com](mailto:MHA_Claims@singlife.com) (For MHA Claims)

