

## HOW TO FILE A PERSONAL ACCIDENT CLAIM

**Dear Claimant**

**We're sorry to receive notice of the Life Assured/Insured Person's injury. To enable us to process your claim, please follow the instructions below:**

**IMPORTANT NOTES:**

- 1) All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
- 2) We reserve the right to pursue for any documents if they are deemed necessary, including sighting of the original document if a photocopy is submitted to us.
- 3) The cost of the Doctor's Statement and/or medical evidence shall be borne by the Claimant(s).
- 4) For Doctor's Statement or reports to be obtained from hospitals, specific consent Forms may be used. Please refer to the respective hospital's website for details. For clinics, please use our Clinical Abstract Application Form.
- 5) 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.
- 6) All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator.
- 7) If you have submitted medical reimbursement claims via on-line portal or email, please keep your original bills for at least 6 months.

**Documents Required:**

**For New claim (i.e. first claim for an accident or illness):**

- 1) Personal Accident Claim: Section 1 – Claimant's Statement
- 2) Personal Accident Claim: Section 2 – Doctor's Statement (to be completed by the attending doctor)
- 3) Copy of the Detailed Inpatient Discharge Summary
- 4) Copy of any diagnostic reports, radiology, X-ray reports, laboratory evidence and any relevant hospital reports
- 5) Original Medical Certificates. Else, copy of all medical leave certificates by the Life Assured/Insured Person's employer.
- 6) Original final Hospital Bills / medical bills & receipts (Interim bills are not acceptable)
- 7) Toxicology Report
- 8) Newspaper Clipping (if any)
- 9) Police Investigation Report (if any)
- 10) Copy of claim settlement letter and payment voucher if there was a reimbursement of medical expenses from another insurance policies (if any)
- 11) Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of Life Assured/Insured Person who is a minor)
- 12) Copy of the NRIC/FIN or Passport of the Life Assured/Insured Person
- 13) Copy of the NRIC/FIN or Passport of the Policy Owner, if different from Life Assured/Insured Person
- 14) Copy of the bank statement/bank book for account verification where payment is via Direct Credit
- 15) Proof of Policy Owner's relationship with Life Assured/Insured Person as follows (where applicable):

<u>Policy Owner</u>	<u>Documents required</u>
Spouse	Marriage Certificate of Policy Owner
Children	Birth Certificate of Life Assured/Insured Person
Parent	Birth Certificate of Life Assured/Insured Person
Sibling	Birth Certificate of Life Assured/Insured Person and Policy Owner

**Please continue to read page 2 and 3 of this instruction.**

Please read pages 1, 2 & 3 “How to file a Personal Accident Claim”

**In addition**, for claim under the **Mobility Aid and Home Modifications (applicable for Individual Life & Group Policies only)**:

- 1) Original tax invoices and receipts for the cost incurred
- 2) Doctor’s written recommendation and prescription for purchase of mobility aid and/or home modifications

**For Continuity and/or further claim (i.e. further submission to a previous claim):**

- 1) Completed Personal Accident Continuity Claim – Claimant’s Statement
- 2) Copy of the Detailed Inpatient Discharge Summary
- 3) Copy of any diagnostic reports, laboratory evidence and any relevant hospital reports
- 4) Original Medical Certificates. Else, copy of all medical certificates by the Life Assured/Insured Person’s Employer
- 5) Original final Hospital Bills / medical bills & receipts (Interim bills are not acceptable)
- 6) Copy of claim settlement letter and payment voucher if there was a reimbursement of medical expenses from another insurance policies

**Additional Notes:**

**(A) For Individual Life Policy Only**

- 1) All payment will be made via Direct Credit unless otherwise stated under the Payment Method section.
- 2) Singapore Life Ltd. is required to collect information about each person’s tax residency and tax classifications under applicable tax regulations, including the Singapore Income Tax Act 1947, the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard for Common Exchange of Financial Account Information (CRS). We are required to give this information to the Internal Revenue Authority of Singapore (IRAS), together with information relating to your policies of which you are an Account Holder, which may be shared with tax authorities of other countries. If you have any question on how to determine your tax residency status, please contact a professional tax adviser as we are not allowed to give tax advice.
- 3) For the purpose of Foreign Account Tax Compliance Act (FATCA), a “US Person” means:
  - a. a US citizen or resident individual,
  - b. a partnership or corporation organised in the US or under the laws of the US or any State thereof, a trust if:
- 4) a court within the US would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and
  - (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

**(B) For Corporate Policy Only**

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

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

- 1) Copy of mobility aids purchase and installation invoices

**Ambulance Cost**

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

**Home Rehabilitation Renovation Expenses**

- 1) Copy of installation invoices

Direct Crediting to Corporate Policyholder bank account only and should apply to all subsequent claims filed under the same policy unless further changes is advised to us in writing. Please provide copy of bank statement showing bank account holder with bank account number.

**Please continue to read page 3 of this instruction.**

Please read pages 1, 2 & 3 “How to file a Personal Accident Claim”

**(C) For General Insurance Policy Only**

- 1) All payment will be made via PayNow or Cheque stated under the Payment Mode section (GI).

**Submission of documents:**

All claim documents can be submitted personally to Our Customer Service Centre or through the Financial Adviser Representative or intermediaries or by Post to:

4 Shenton Way  
#01-01 SGX Centre 2  
Singapore 068807

For Life Claims enquiries, you can also contact our Customer Service at (65) **6827 9933** or email us at **cs\_life@singlife.com**.

For Corporate Claims enquiries, you can also contact our Customer Service at (65) **6827 8030** or email **your designated account servicer or intermediaries**.

For General Insurance Claims enquiries, you can also contact our Customer Service at (65) **6827 9966** or email us at **gi\_claims@singlife.com**.