

CLAIMANT'S STATEMENT FORM

IMPORTANT NOTES:

- All sections of our forms must be duly completed to avoid unnecessary delay. Indicate as "N.A." if not applicable.
- Any fees for completion of the Doctor's Statement and/or medical evidence shall be borne by the person making the claim.
- The acceptance of this form is not an admission of liability on the part of Singapore Life Ltd. Any documentary proof or report required by Singapore Life Ltd. shall be furnished at the expense of the Claimant.
- If you have submitted medical reimbursement claims via the online portal or email, please keep your original bills.

Policy Number

SECTION A: INSURED PERSON DETAILS

Claimant Name (as per NRIC/FIN)

NRIC/FIN/Passport/Birth Certificate Number

*Please attach copy of NRIC/FIN (front and back)

SECTION B: DENGUE DETAILS
Date symptoms 1st started
(dd/mm/yyyy)
Date 1st treated
(dd/mm/yyyy)

Describe all the symptoms presented and the nature of the medical condition

Date 1st consulted doctor for the condition
(dd/mm/yyyy)
Name of Doctor 1st consulted

Address

Date of diagnosis
(dd/mm/yyyy)

Exact diagnosis

SECTION C: HOSPITALISATION INFORMATION
Period of Hospitalisation
(Please provide copy of hospital bill)From
(dd/mm/yyyy)
To
(dd/mm/yyyy)

Period of Medical Leave given

From
(dd/mm/yyyy)
To
(dd/mm/yyyy)
Name & Address of
Doctor/Hospital

Reason for Consultation

Treatment Provided

Date of First Consultation
(dd/mm/yyyy)
Date of Last Consultation
(dd/mm/yyyy)

SECTION D: DECLARATION AND AUTHORISATION

- I declare that the information provided is, to the best of my knowledge, correct in every detail. I agree that if I have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the Policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

- I hereby authorise any hospital physician, other person, who has attended or examined me, to furnish Singapore Life Ltd. (referred to as "Singlife"), or its authorised representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Name of Claimant

NRIC No.

Address

Date (dd/mm/yyyy)

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Signature of Claimant