

Hospital and Surgical Claim Form	Policy / Certificate No _____
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Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 Please answer in full all applicable questions as incomplete answers may delay claims settlement.
- 3 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 4 All medical reports must be submitted at the claimant's expense before a claim can be admitted.

Personal Particulars of Policyholder / Claimant

Policyholder's full name (as in NRIC/FIN): Dr/Mr/Mrs/Ms _____

NRIC/FIN Number: _____ Date of Birth: _____

Correspondence Address: _____

Email Address: _____ Mobile Number: _____

Name of Claimant: _____ NRIC/Passport No. of Claimant: _____

Claimant is: Insured Person Dependent of Insured Person Employee Dependent of Employee

Gender: Male Female Age: _____ Date of Birth _____ Single Married

If Claimant is the Dependent, please state relationship to Insured Person/Employee:
 Spouse Son Daughter Parent

Is the Dependent employed? No Yes, Occupation: _____

If Claimant is Employee, state:
 Date of employment: _____ Occupation: _____

Details of Illness / Injury

Please describe what happened (if insufficient space, please attach statement):

Nature of illness (describe symptoms suffered / Injury (e.g. fracture, cut, bruise):

Date where symptoms first started / Date of Accident: _____

Date that condition was first treated: _____

Will there be any more treatments required?

Yes. State nature of ongoing treatment and approximate date of completion:

No. State date of last treatment or appointment.

Has the claimant ever seen a doctor or been treated for any similar condition in the past? Yes. No.

If Yes, please state:

Date of previous treatment:	Name and address of attending doctor for previous treatment:

Is injury work related? Yes. No.

Other Information

Name and Address of Regular Physician if different from Attending Physician.

Have you made any previous claims under any other policies? Yes. No.

If Yes, please state: From what source: _____

To what extent: _____

Have you ever made a claim for compensation in respect of illness or accidental injury from any Insurance Company? Yes. No.

If Yes, please provide the details:

Payment Details (If Claim falls within the terms and conditions of the Policy)

If your claim is approved and you are registered with PayNow, the settlement will be made directly to your bank account. Otherwise, we will mail a cheque to the address provided by you.

Payee Name: _____ **Payee NRIC:** _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg.

Name & Signature of Claimant
(Affix Company stamp if applicable)

Date

NRIC Number