

Personal Accident Claim Form
Policy / Certificate No _____

Important Notice:

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

Personal Particulars of Policyholder / Claimant

Name of Policyholder (as in NRIC/FIN): Dr/Mr/Mrs/Ms _____

NRIC/FIN Number: _____ Date of Birth: _____

Correspondence Address: _____

Email Address: _____ Mobile Number: _____

Name of Claimant (as in NRIC/FIN) Dr/Mr/Mrs/Ms ☐ As above _____

Age _____ Date of Birth _____ NRIC/Passport No. of Claimant _____

If Claimant is not the policyholder, state relationship to policyholder: _____

If dependent is employed, state occupation: _____

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

Details of Claim

Note: Please complete only the section(s) which is relevant to your claim and tick ☒ where appropriate.

Supporting documents required include:

- Original medical receipt/bills indicating the breakdown of the expenses incurred (consultation and medication prescribed).
- Medical Report (at the claimant's expense before a claim can be admitted).
- Medical Certificates (if applicable).
- Police Report (if applicable).
- Death Certificate / Letter of Administration (if applicable).
- Any other documents that can facilitate the assessment of the claim.

Useful Notes:

- Medical and TCM bills must indicate a breakdown of the expenses incurred (consultation and medication prescribed). Do not submit receipts as these will not show enough information for the claim to be assessed.
- The doctor's diagnosis must be clearly stated especially for claims made under extended benefits, for example, food poisoning, insect bites.

Date and Time of Accident: _____

Where did the Accident happen? _____

State how accident occurred and what claimant was doing at the time (Attach Police Report if applicable).

Please state as precisely as you can, the injury sustained i.e. part of the body injured and type of injury (e.g. fracture, cut, bruise. etc.):

Have you ever suffered from this or a recurrence of a previous injury?

- ☐ Yes, date of first treatment was on _____
- ☐ No.

Amount of Medical Expenses incurred: _____

Will there be any more treatments required?

☐ Yes, next treatment will be on: _____

Nature of treatment: _____

☐ No, there will be no further bills to be submitted.

Date returned/expected to return to work _____

☐ **Others**

In respect of any other claim which does not fall within the sections stated above, please provide details and supporting documents of the claim you are submitting. If the space below is insufficient, please attach another page.

Is there any other insurance in force covering this loss? ☐ Yes ☐ No

If Yes, please elaborate _____

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