

Personal Accident Claim Form (Corporate Policy)

Important Notice

1. The acceptance of this form is NOT an admission of liability on the part of the Company.
2. Do retain the original final bills and supporting documents for 6 months after claims submission, as we may request for them.
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.

Policy No: _____

Particulars of Corporate Policyholder

Name of Corporate Policyholder: _____

Mailing Address: _____

Mobile Number: _____ Email Address: _____

Is the Company GST Registered? Yes No

Personal Particulars of Insured

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

NRIC/ FIN Number: _____ Date of Birth: _____ Occupation: _____

Mailing Address: _____

Mobile Number: _____ Email Address: _____

Details of Claim

**Note: Please complete the relevant section(s) for your claim and indicate "NA" if the section is not applicable.
Please refer to Page 4 for the "Checklist of Supporting Documents" required for the relevant Policy Sections.**

Date and Time of Accident: _____

Location of Accident: _____

1. State the detailed description of how the accident happened (*Please attach a copy of the Police Report if applicable*).

2. Describe the specific type of injury sustained. (*Doctor's diagnosis and causation are required*).

3. Was there any hospitalisation due to this injury?

Yes.

a) Date of Admission: _____

b) Date of Discharge: _____

c) Name of Hospital: _____

No.

4. Has the insured ever suffered from or been recommended to receive treatment for this injury or a similar condition before?

Yes. Please provide details: _____

a) When did the insured last seek treatment? _____

b) Where did the insured last seek treatment? _____

No.

5. Has the insured been given hospitalisation or medical leave for this accident?

Yes. Please state the period of hospitalisation or medical leave: _____

No.

6. Has the insured returned back to work?

Yes. Please state the date: _____

No.

7. What is the amount that the insured is claiming for Medical Expenses: _____

8. Is the insured still on follow-up medical treatment for this injury?

Yes.

No.

Other Claims

Is there any other benefit(s) that the insured would like to claim?

Yes. Please provide details and supporting documents of the claim.

No.

Other Insurance Coverage

1. Has the insured submitted the claim to other insurer for this same accident?

(e.g. Personal Accident Policy, Travel Policy, Hospitalisation Policy, Employee Benefit Scheme, School Personal Accident Policy, Workmen Injury Compensation, Motor Insurance Policy be it own damage or 3rd party injury etc)

Yes.

a) Name of Insurer(s): _____

b) Policy Type(s): _____

No.

2. Has the above claim been settled?

Yes. Please provide settlement letter

No. Please state reason: _____

Payment Information

Please note that we can only issue payment to Policyholder by PayNow.

PayNow

• Payee Name (as per Bank Record): _____

• UEN Number (as per Bank Record): _____

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 & Designation of Authorised Representative

Name of Insured

Signature of Authorised Representative
(to be endorsed with Company's Stamp)

Signature of Insured

Date

Date

Checklist for Supporting Documents

You will need to submit the following documents before your claim application can be processed. If required, we may send an email to you requesting for further documents.

Medical Expenses

- Itemised Medical Bills and Receipts (Please retain the originals for our verification later.)
- Written Clinic memo stating the diagnosis and causation (Cost to obtain this document will not be reimbursed.)
- General Practitioner referral letter to Specialist & Physiotherapy (if applicable)
- Final Hospital bill (Applicable if there is Hospitalisation and/ or Day Surgery)
- Inpatient Discharge Summary (Applicable if there is Hospitalisation and/ or Day Surgery)

Income Benefits

- Medical Leave Certificates
- Medical Report/Diagnosis (Cost to obtain this document will not be reimbursed.)
- Payslips for the last 3 months before accident (Including month of accident)

Permanent Disability

- Medical Report/Diagnosis (Cost to obtain this document will not be reimbursed.)

Death

- Death Certificate, Autopsy report, Coroner's findings
- Proof of relationship between the Insured and Claimant (E.g. Marriage Certificate / Birth Certificate)
- Police report, if applicable

Any other documents that can facilitate the assessment of the claim.