

### **NTUC Income Insurance Co-operative Limited**

Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6332 1133 · Fax: 6338 1500

 $Email: healthcare@income.com.sg \cdot Website: www.income.com.sg \\$ 

an NTUC Social Enterprise

Scan QR code for on-line submission of medical expenses claim

# Claim form for Group Personal Accident (GPA) Insurance Plan for Students

# Important notes

You can submit your medical expenses claims through our e-claim portal https://studentgpa.incomegroupins.com.sg/. No login user or password is required. For manual submission, please follow the instruction below.

The acceptance of this form is NOT an admission of liability on the part of NTUC Income Insurance Co-operative Limited. To avoid any delay in processing your claim, please fill in all the information required in the claim form, ensure the form is certified by the school/centre and submit together with the supporting documents to NTUC Income Insurance Co-operative Limited within reasonable time from the date of accident.

Please submit the claim form and supporting documents to:

#### For Medical Expenses:

By post to

NTUC Income Insurance Co-operative Limited

c/o 1 Commonwealth Lane, #02-13 One Commonwealth, Singapore 149544

## For Death/Permanent and Total/Partial Disability:

- a. At any NTUC Income Insurance Co-operative Limited branch or
- By post to

NTUC Income Insurance Co-operative Limited Income Centre, 75 Bras Basah, Singapore 189557

Supporting documents for the type of cla	im (please tick a	ccordingly)				
Medical Expenses:						
Original final tax invoice(s)/receipt(s)						
Police report, if applicable						
For hospitalisation/day surgery, a cop	y of Inpatient dis	charge summar	y/Day surgery f	form/Attending phy	ysician's medical report	
Copy of the Shield Plan's settlement le	etter if there is ar	y payment by I	Medisave-appro	oved Integrated Shi	eld Plan	
Death:						
Certified true copy of death certificate	e (for overseas de	ath, the origina	al death certific	ate must be certifie	ed by your lawyer or any Notary Po	ublic)
All overseas documents are to be cert	ified as true copi	es by your lawy	er or any Nota	ry Public		
Letter from Immigration and Checkpo It confirms receipt of the Singapore N		•	•	for Singaporeans o	r Permanent Residents (PR) who c	lied overseas.
NRIC or relevant identification docum	ents (e.g. passpo	rt, birth certific	ate) of claiman	t		
Proof of claimant's relationship with o	leceased such as	birth certificate	9			
Medical report(s)						
Newspaper clipping and police report	, if applicable					
All documents submitted must be in Englis	h. Any document	s in foreign lang	guages must be	officially translated	d to English by a certified translator	r/interpreter.
Permanent and Total/Partial Disability:						
Medical reports/Laboratory reports/F	lospital discharge	summary				
NRIC or relevant identification docum	ents (e.g. passpo	rt, birth certific	ate) of claiman	t		
Newspaper clipping and police report	, if applicable					
		Certification	by School/6	Centre		
This is to certify that:						
a. the Insured is covered under the police	cv at the time of a	ccident.				
b. the accident occurs in school or duri	•		ities related to	the school. The de	etails of the accident in this form	are true and
complete and we have not withheld a	•	•				are trae arra
c. the accident occurs to and from school	ol/place of reside	nce/hostel/plac	ce where schoo	ol activity is carried	out.	
Name of School/Centre				Policy number		
					5096873205	
Address of School/Centre		Zone		Contact details		
		North	South	(Mobile)	(Office)	
		East	West	(Email)		
	1					
Name of Authorised staff of School/Centre	Signature of Aut	horised staff of	School/Centre	School's/Centre's	stamp	

Before submitting the claim to us, please make sure that the above section is duly completed by the Authorised staff of the School/Centre with the Authorised staff's signature and School/Centre's stamp on the claim form.

			Particulars	of Insu	red	
Insured Name (as sh	own in NRIC	, FIN or BC)	NRIC, FIN or BC nu	ımber	Nationality	Gender
						☐ Male ☐ Female
Date of birth (dd/mn	n/yyyy)	Level				
		Kindergarten		Prim	ary	Secondary
		☐ Junior College/Cent	ralised Institute	Mixe	ed Level (Secondary 8	& Junior College)
		☐ Mixed Level (Primar	v & Secondary)	Name o	of school/centre:	
			, a seesa,,			
				Class:		
Residential address			-	Contact	details	
				(Mobile	)	(Home)
				(Email)		
				Please r		ndences will be sent via the email address as
	1 (: 1					
		th the new contact partic		in this cia	ilm form are αiπeren	t from your existing records with us, we will
			Details o	f accide	ent	
Date of accident:		Time of accident:		Place of	accident:	
						П
Activity type	Acciden	tal :l. food poisoning)	Physical Educ		) (incl. fight/bully)	☐ School Events☐ To and from school
	_					
	LL CCA/Spo	orts (Please tick the type o	of CCA/Sports and in	alcate the	e name of the CCA/Sp	orts)
	Club	s & Societies (e.g. Chess/l	Debate/Library/Phot	ography)		
	Phys	sical Sports (e.g. Basketba	ll/Floorball/Football)			
		and Comments and MCC/	NIDGG(Dark Green)			
	∟ Unit	ormed Groups (e.g. NCC/	NPCC/Red Cross)			
	□Visu	al and Performing Arts (e.	g. Band/Choir/Danc	e)		
Injury type	Burns (i	ncl. contact with chemica	I) Cuts/La	ceration/	Abrasions De	ental-related injuries  Food poisoning
,, .,,,,,	Fracture				es (e.g. Dengue Fever,	
	Sprain/	Twist/Tear/Swelling/Dislo	cation Swallow	ing foreig	n object	
Describe how the ac	cident happe	ened.				
Describe the injuries	sustained a	nd the part(s) of the body	v iniured.			
Describe the injuries	Justanieu u	na the part(s) or the 200	,ju. cu.			

				Other information	on	
bills	? If '				er parties for reimbursement of your me e settlement letter or payment voucher	1 103 110
Pon	narks					
Not		•				
		ortant that you in	nform us if you are claiming fro	om another insurer, other emplo	yer or any other parties for the same bill	l. You
can	only	claim or be reim	bursed once for the amount t		s of the number of medical insurance po	
Pay	men	t mode:	Cheque	Direct credit to bank account <sup>1</sup>		
		payee on in the NRIC/FI	N)		NRIC, FIN or Passport number	Relationship to the insured
(Pay	ee h	as to be student	c's parent/legal guardian and b	e above 21 years old)		
Ger	der		Nationality	Date of birth (dd/mm/yyyy)	Contact details	
Ш	Иale	Female			(Mobile)	(Home)
					(Email)	
1	For	Direct Credit: N	ame of Bank		Branch	
	Δαα	ount number				
				iis section is correct. If you have paim and not be liable for any loss	provided any inaccurate bank account nu ses incurred by you.	ımber for the payment of this
				Personal data collection	statement	
NTU	JC In	come Insurance	Co-operative Limited recogni		sonal Data Protection Act 2012 (PDPA)	which include the collection.
			-	or which an individual has giver		,
pro	, ideo	d, or to be prov	ided to us by you or your ins	sured persons or from other so	udes all personal data provided in thi urces, for the purpose of this insuranc	
per	sona	l data for us to e	evaluate or administer this tra	insaction.		
You	may	not alter any of	the wording in this 'Personal	data collection statement'. Any a	ttempt to do so will be of no effect.	
1.	Pur	ose of collectio	n			
	We	may collect and	use the personal data to:			
	(a)	carry out identi	ty checks;			
	(b)	carry out inform	nation checks;			
	(c)	communicate w	rith you for the purposes of th	is transaction;		
	(d)	provide ongoing	g services and respond to your	inquiries or instructions;		
	(e)	make or obtain	payments;			
	(f)	investigate and	settle claims;			
	(g)	detect and prev	ent fraud, unlawful or improp	er activities;		
			ch and statistical analysis;			
			es and monitor for quality assu			
			nd for reinsurance administrat			
	(k)	comply with all	applicable laws, including rep	orting to regulatory and industry	enuties.	
2.	Disc	losure of persor	nal data			
	We	may disclose per	rsonal data belonging to you o	r your insured persons for the p	urposes set out in Section 1 to these pa	rties:
		-		financial advisors and insurance	broker (if applicable);	
		-	ionals and institutions;			
		insurers and rei	·			
			s service providers to provide y or emergency assistance se	-	g, mail distribution, data storage, data e	ntry, marketing and research,
	(e)	dispute resoluti	on parties;			
	(f)	parties that assi	st us to investigate, administe	r and adjudicate claims;		
	(g)	financial institut	tions; and			
	(h)	regulators, law	enforcement and government	agencies.		

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the said products and services. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the said products and services, including preventing us from properly assessing and processing your claim.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email your request to: DPO@income.com.sg.

ľ	Dec	larat	ion and	auth	norisation I	ov Insured/	barent/	legal	guardi	ian

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim.

d. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by NTUC Income Insurance Co-operative Limited and/or its claims service providers.
- b. I authorise NTUC Income Insurance Co-operative Limited and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

Name of Insured	Signature of Insured (If Insured is age 21 years and above)	Date (dd/mm/yyyy)
isured is below 21 years old, the following is to be comp	pleted by the parent or legal guardian of the Insured.	
Name (as shown in NRIC or FIN)	Signature	NRIC or FIN number
Name (as shown in NRIC or FIN)	Signature	NRIC or FIN number