AXA INSURANCE SINGAPORE PTE LTD
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Company Registration No. 196900406D

redefining / insurance

DENTAL CLAIM FORM

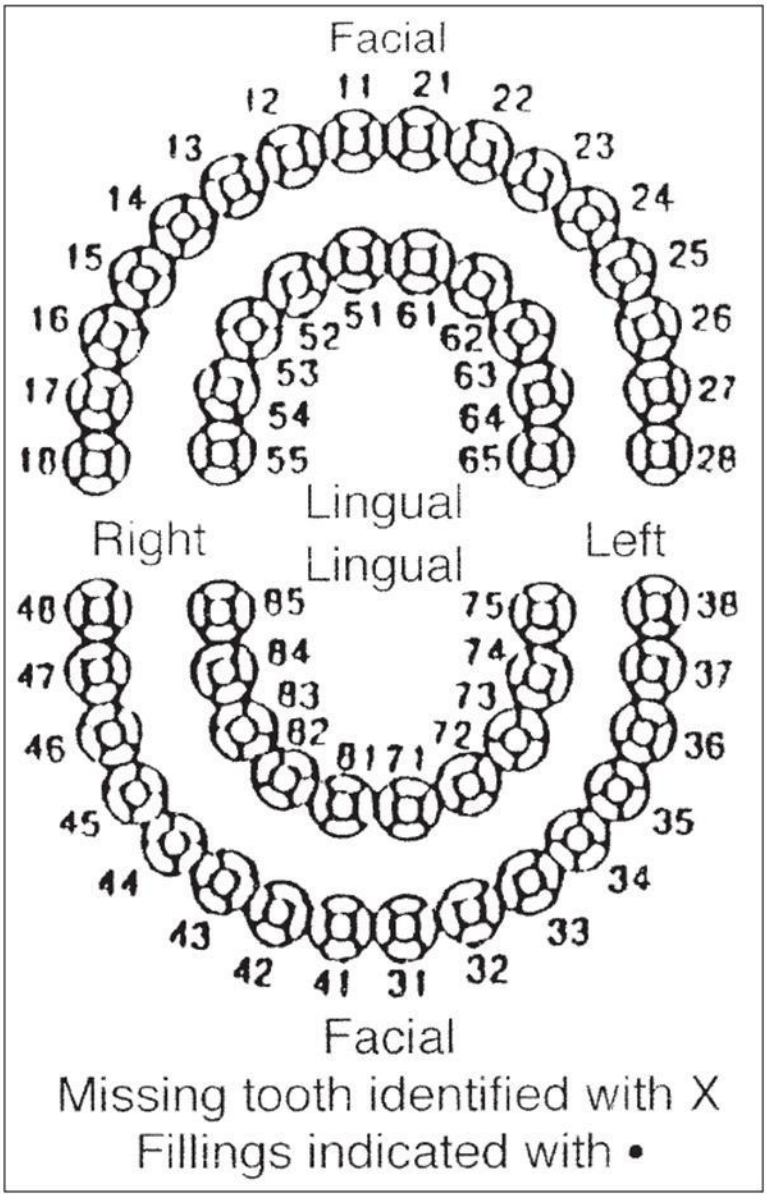
Company: _____ Policy No.: _____

Employee's Name: _____ NRIC/Passport No: _____

Patient's Name: _____ NRIC/Passport No: _____

Dentist: _____ Date (DD/MM/YY): |____|____|____|

Item	Treatment	Unit	Tooth No.	Surfaces	Amount
a	Consultation				
b	X-Rays				
	i) Periapical Film				
	ii) Bite-Wing				
	iii) Occulusal Film				
	iv) Orthopantomugraph				
c	Prophylaxis				
	i) Scaling/Polishing				
	ii) Fluoride applicable				
d	Amalgram Restorations - fillings				
	i) One Surface				
	ii) Two Surfaces				
	iii) Three Surfaces or more				
e	Tooth-Coloured Restorations - fillings				
	i) One Surface				
	ii) Two Surfaces				
	iii) Three Surfaces or more				
f	Extractions (inclusive of LA*)				
	i) Anterior Tooth				
	ii) Posterior Tooth				
g	Oral Surgery (inclusive of LA*)				
	i) Surgical Root Removal (Per Tooth)				
	ii) Surgical Removal of Wisdom Tooth				
H	Medication (including administration of Local Anaesthesia)				
	Maximum amount per visit				
i	Pulp/Root Canal Treatment				
	i) Pulp Capping				
	ii) Root Canal Treatment (inclusive of temporary fillings)				
	- One Canal				
	- Two Canals				
j	Periodontal Treatment				
	Root Planting (Per Tooth)				
k	Miscellaneous Treatment				
	i) Sedative Dressings				
	ii) Retention Pins - restoration of tooth				
i	Crowning				
	i) Per Tooth				
m	Bridges				
n	Others (pls specify treatment other than above)				
				Total	



Specify the recommended investigations, and/or procedures using the tooth number as shown on the teeth map above

PATIENT'S DECLARATION

I confirm that I am the patient or patient's parent or guardian and I declare that all the particulars given above are to the best of my knowledge true and correct. I hereby consent to and authorise the medical practitioner involved in my or the patient's care to discuss and disclose treatment details, discharge arrangements and relevant medical history with and to AXA Insurance Singapore Private Limited. I agree that a copy of this consent shall have the validity of the original.

In connection with my and/or my dependant's claims, I give consent for AXA Insurance Singapore Private Limited and AXA Life Insurance Singapore Private Limited (collectively "AXA") and their respective representatives or agents to collect, use, store, transfer and/ or disclose the information (including that provided by sources other than myself) concerning me and/or my dependant's, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Employer when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me and/or my dependant's (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/ or managing my and/or my dependant's claims or the Employer's Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").

Patient's Signature (Employee's or Guardian's signature if Patient is a Minor)

DD | MM | YYYY

Date

If you have any questions regarding this form or any other aspects of the cover, please contact our Health Service Team on 1800 880-8181 (+65 6880 8181 if dialing from outside of Singapore) quoting your policy/membership numbers. Claims must be submitted along with supporting documents within 90 days from date of service. Send this claim form together with supporting material to Health Service Team, AXA Insurance Singapore Pte Ltd, 8 Shenton Way #27-01, AXA Tower, Singapore 068811.