HSBC Life

HSBC Life (Singapore) Pte. Ltd.
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Co. Reg No. 199903512M

SmartHelper Claim Form

Policy/ Certificate No.

Please answer in full all the applicable questions on this side of the form only and attach original bills which are eligible for benefit. Incomplete answers may delay claims settlement. Any interest charged by hospitals will be borne by the employer/ member. Claims submitted later than 30 days of the expenditure being incurred may be declined for benefit payment.

A. Policy Information

Policyholder's Full Name | NRIC/FIN No.

Email | Mobile No.

Home Address

Name of Patient (Domestic Helper)

Age | Sex

Date of employment | Work Permit Number

B. SICKNESS (THIS MUST BE ANSWERED IN FULL)

Diagnosis

Date Symptoms First Began | Date First Treated

Is the sickness arising from employment? Yes ☐ No ☐

Has the sickness been treated previously? If yes please state name and address of Physician. Yes ☐ No ☐

Date of Last Treatment

Is the sickness due to pregnancy, abortion, sterilisation or infertility? If yes, specify condition and approximate date of commencement. Yes ☐ No ☐

Name and address of Hospital / Clinic:

C. INJURY

Date of Accident | Time of Accident

Is this a job related Accident? Yes ☐ No ☐

Name and address of Hospital / Clinic

D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name | Bank Code

Account No. | Branch Code

E. EMPLOYER & PATIENT'S DECLARATION

I / We confirm that I / We am the patient and the patient's employer (respectively) and I / We declare that all the particulars given above are to the best of my / our knowledge true and correct. I / We hereby consent to and authorise the medical practitioner involved in the patient's care to discuss and disclose treatment details, medical history and discharge arrangements with and to HSBC Life (Singapore) Pte. Ltd. I / We agree that a copy of this consent shall have the validity of the original.

In connection with my / our claims, I / We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") 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 / us, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and related parties under this Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me / us with services required of an insurance provider, including the evaluating, processing, administering and / or managing my / our claims or this Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at http://www.hsbclife.com.sg ("Purposes").

Employer's Signature _____ Date _____

Patient's Signature _____ Date _____

F. Contact Us

If you have any questions regarding this form or any other aspects of the cover, please contact our Claims Service Team on +65 6880 4888 quoting your policy/certificate numbers. Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to HSBC Life (Singapore) Pte. Ltd., Robinson Road Post Office P.O. Box 1094 Singapore 902144.


www.hsbclife.com.sg
(Claim Section)


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