

Critical Illness* / Total & Permanent Disability (TPD)/ Accident/Hospitalisation/Shield (Pre and Post hospitalisation/ General Care/Home Care/Emergency Overseas treatment)

POLICY NUMBER

Important Notes

- This form is to be completed by the policyholder. Please ensure that your signature tallies with the signature that is provided to our Company.
- To enable us to process your claim promptly, please ensure that the form is fully completed.
- We reserve our rights to request for additional information or documents, if needed.
- If you have any questions while completing this form, please contact our Customer Care Centre at +65 6880 4888. .
- You can submit this form through any of the following methods:
 - By Post to:-
Life Claims Department
HSBC Life (Singapore) Pte. Ltd.
Robinson Road Post Office
P.O. Box 1094
Singapore 902144
 - By Email to: cc.life@mail.life.hsbc.com.sg
- For Critical Illness Claim, please use the Attending Physician Statement for the type of Critical Illness that you are claiming for

1. Life Assured's Information

Full name of Life Assured

NRIC No/ Passport No (for foreigner only)

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2. Claim Type

<input type="checkbox"/> TPD	<input type="checkbox"/> HOSPITALISATION	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> SHIELD	<input type="checkbox"/> CRITICAL ILLNESS	<input type="checkbox"/> OTHERS Pls State: _____
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3. Current claim

Diagnosis

Date of diagnosis

Date of hospital admission

Date of discharge

Name and address of clinic/ hospital treating you

Most recent consultation date

Name and address of your family doctor or your usual attending doctor

4. If cause of claim is due to accidental causes, complete this section

Date & Time of accident

Place of Accident

Describe how the accident occurred

5. Employment Information

Employer's name and address	
Occupation	
List Job Duties	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please state date of Termination of Employment _____

6. Your Contact Details*

Mobile phone number

Residence phone number

Email address

*Your Mobile Phone Number, Residence Phone No and Email Address will be updated in our policy records

7. Settlement method (Direct Credit is Mandatory for all Claim Payments up to SGD\$10,000.00)

By Direct Credit up to SGD\$10,000.00 (without Bank Book/ Bank Statement)

Name of Bank: _____

Name of Bank Account Holder:
(as per Bank Book/ Bank Statement) _____

Bank code				Branch code			Account number							

Please take note of the following:-

- (1) Direct Credit payment takes just 1 working day after claims approval for DBS/POSB customers and 2 working days for all other banks
- (2) We will Direct Credit into Policyholder/ Trustee/ Assignee's Bank account only
- (3) We do not Direct Credit into 3rd party's Bank Account or Joint Account
- (4) In the event if Direct Credit is unsuccessful, we will issue cheque and post to you directly
- (5) If a cheque payment is necessary, it will take up to 7 working days after claims approval to be posted out

By Direct Credit > SGD\$10,000.00 (please submit copy of Bank Book/ Bank Statement)

8. Track Your Claim Status

* Once your claim is registered, you will be updated through SMS upon receipt and approval of your claim, if you have any query on your claim, please reach us on :-



www.hsbclife.com.sg
(Enquiry on Claims)



+65 6880 4888
Press [3] for Claims



cc.life@mail.life.hsbc.com.sg

9. Declarations & Authorisation

I declare that:

1. The information that is disclosed on this claim form is true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted.
2. I am not an undischarged bankrupt(s) and I have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me during that period.
3. I HEREBY AUTHORISE any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Life Insured _____ of _____ (NRIC No/ Birth Certificate No/ Passport No for foreigner only) to disclose and make available to HSBC Life such details and records as may be requested by the Company.
4. HSBC Life has a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. If I am not a tax resident of the jurisdiction in which the policy, contract or product is issued (a "Cross Border Transaction"), HSBC Life may, in accordance with applicable laws and regulations, disclose to my home country tax and/or other governmental authorities, my identity and certain information concerning the policy or contract that is the subject of this claim and I hereby consent and agree that HSBC Life, in their discretion, make such disclosure.
5. The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.
6. By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, 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) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by HSBC Life that may be of interest to me by post and e-mail and
 By telephone By text message By fax
7. I am happy to receive customer service communication by e-mail and/ or SMS instead of hard copies by post.
8. I further agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this form shall be treated as valid and binding as if it were the original.

Signature of Policyholder

Date

10. Document Requirements

Mandatory documents:-

Please tick against the documents you have submitted together with this claim form. If the mandatory documents are not submitted, your claim will only be processed upon receipt of the full documents.

We reserve the right to determine if any of the documents below can be waived.

1. HOSPITAL CLAIM :-

- Original Hospital bills & receipts
- Copy of Hospital bills and receipts and Copy of Settlement letter from Insurer/ Employer (if claiming balances from HSBC Life)
- Copy of Inpatient Discharge Summary Report. If policy duration is > 1 year and claim amount > S\$2,000.00
- Attending Physician Statement if policy duration is < 1 year. For acute illnesses, we may accept a copy of the Inpatient Discharge Summary Report. Note : Copy of Hospital bill if claiming for Daily Room & Board, Daily Intensive Care Unit and Surgical Benefits only under Prime Care policy

2. CRITICAL ILLNESS CLAIM :-

Attending Physician Statement (APS) (Please use the appropriate APS based on the Critical Illness which you are claiming)
Laboratory Reports

- Eg. Histopathology Report for Cancer Claim, MRI/CT/PET Scan for Stroke Claim, ECG/ Cardiac Enzymes & Troponin Test results for Heart Attack Claim, Operation Report for Coronary Artery Bypass Claim

3. TOTAL & PERMANENT DISABILITY CLAIM:-

- Attending Physician Statement & Laboratory Reports, if any

4. ACCIDENT CLAIM

- Original Hospital Clinic bills & receipts for medical reimbursements
- Photocopy of Medical Certificate if you are also claiming for Weekly Indemnity for Temporary/ Total/Partial Disablement Benefit
- For all outpatient accident claims, simple memo is required from General Practitioner/ TCM/ Chiropractor/ Physiotherapist/ stating your diagnosis and treatment
- For inpatient accident claims,
 - (i) Attending Physician's Statement is required if policy duration is ≤ 30 days, as well as for policy duration > 30 days with claim amount > S\$500.00 OR
 - (ii) Copy of Inpatient Discharge Summary if policy duration is > 30 days and claim amount ≤ S\$500.00
- Police Report (if any)

5. MUMCARE/ MUMCARE PLUS CLAIM

(i) Hospital Care Benefit for Mother and/or Child

- Copy of Hospital bill
- Copy of Inpatient Discharge Summary if policy duration is > 1 year and claim amount > S\$2,000.00
- Attending Physician Statement if policy duration is < 1 year

(ii) Congenital Illness Benefit

- Attending Physician Statement for Child & Laboratory report (if any)

(iii) Pregnancy Complications Benefit

- Attending Physician Statement for Mother & Laboratory report (if any)

6. SHIELD CLAIM

- Original hospital bills & receipts, and medical report for Emergency Overseas Inpatient Claim
- Copy of bills & receipts for Pre and Post hospitalisation claim, General Care claim, Home Care claim

HSBC Life is committed to making your insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.