

Claims enquiry
 Customer Care Centre
 138 Market Street #10-01 CapitaGreen
 Singapore 048946
 ☎ +65 63089525
 ✉ ops.tpa.sg@asia-assistance.com
Policy/ Product enquiry
 ☎ +65 6880 4888

Policy number

GlobalCare Health Plan

Outpatient and Dental Claim Form

Important notes:

1. This form is to be completed by the Policyholder. Please ensure that your signature tallies with the signature that is provided to our Company.
2. To enable us to process your claim promptly, please ensure that the form is fully completed.
3. We reserve our rights to request additional information or documents if needed.
4. Claims must be submitted along with all supporting documents stated below within 180 days from the date of treatment.
5. You may submit the supporting documents via our online claims submission platform HSBC Life SG or by email to ops.tpa.sg@asia-assistance.com.
6. Please keep your original bills and documents for six (6) months after your claim submission as we reserve the right to request for the original copy for verification and audit purposes.
7. If you have any questions regarding this form or any claims matters, please contact our Customer Care Centre at 65-6308 9525 quoting your policy/membership numbers

1. Details of Life Assured

Full name of Life Assured

Date of Birth

DD/MM/YYYY

2. Claim Details

(a) Describe the symptoms

(b) When did symptoms first start?

DD/MM/YYYY

(c) Date of 1st consultation

DD/MM/YYYY

(d) Name and address of Doctor

(e) Diagnosis

(f) Medical treatment received

(g) Any previous consultation or hospitalisation for the same medical condition and any other conditions? Yes No

If "Yes, please complete below.

Date of treatment	Medical Condition	Name and Address of Doctor
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		

(h) If the claim is related to pregnancy, is pregnancy conceived from natural conception? Yes No

3. If the cause of the claim is due to the accidental cause, complete this section

Date & Time of accident

DD/MM/YYYY

Place of accident

Describe how the accident occurred

4. Other Insurance Claims

- (a) Do you have other medical plans with other insurance companies? Yes No
If "Yes", please state the Policy No., Commencement date and the name of the Insurer.

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- (b) Is the treatment covered under Workman's Compensation policy? Yes No
If "Yes", please state the Policy No., Commencement date and the name of the Insurer.

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- (c) Has a claim been submitted with the above Insurers? Yes No

5. Settlement method

- By PayNow (NRIC/FIN No.)

- (1) Please ensure that your bank account is registered with PayNow for NRIC/ Fin No.
- (2) Claim proceeds will be credited into your bank account instantly upon admission of your claim
- (3) In the event that PayNow transaction is unsuccessful, we will advise through e-mail to request for Direct Credit details

- By Direct Credit (please submit a copy of your Bank Book/Bank Statement showing the Bank Account Holder's name and Account number)

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

Bank	Branch	Account number to be debited

- (1) Direct Credit payment takes just 1 working day after claims approval for UOB customers and 3 working days for all other banks
- (2) We will Direct Credit into Policyholder Bank account only
- (3) We do not Direct Credit into 3rd party's Bank Account or Joint Account

6. Documents to be submitted

Please tick in the box below and submit the mandatory documents. If the mandatory documents are not submitted or partially 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. We will notify you or your Financial Planner if we need to obtain further information from you or other parties to assess your claim.

- Outpatient and Dental Claim Form
- Final itemised medical bills and proof of payment
- Copy of doctor's prescription for medicines purchased at an external pharmacy
- Copy of diagnostic test result (Laboratory result, X-Ray, etc.)
- Copy of final itemised medical bills and Copy of Settlement letter from Insurer/ Employer (if claiming balances from HSBC Life)

Notes:

- (1) For Outpatient and Dental claims, please send all documents via HSBC Life SG app or by email to ops.tpa.sg@asia-assistance.com
- (2) In the event that we require the original documents for verification and audit purposes, please send this claim form with original final itemised medical bills, proof of payment and all supporting documents mentioned above to our Customer Care Centre at 138 Market Street #10-01 CapitaGreen Singapore 048946

