

HSBC Life (Singapore) Pte. Ltd. 10 Marina Boulevard, Marina Bay Financial Centre Tower 2 #48-01, Singapore 018983 ↓ +65 6880 4888 ↓ www.hsbclife.com.sg cst@mail.life.hsbc.com.sg Co. Reg No. 199903512M

Personal Accident Claim Form Policy/ Certificate No.

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required in page two, and (3)

submit them to Robinson Road Post Office P.O. Box 1094 Singapore 902144 within 30days. Thank you.

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS	
Full Name	NRIC/FIN No.
Email	Mobile No.
Correspondence Address	

C. ACCIDENT & INJURY DETAILS		
Date and Time of Accident : Date Time		
Location of Accident		
Type of Accident: Medical Expenses Accidental Death Total Permanent Disablement		
Temporary Total Disablement Temporary Partial Disablement		
Description of Accident		
Description of Injury Sustained (e.g. body part injured, injury type)		
Have you injured the same part before? Yes No		
Is this your job related injury? Yes No		
Have you made a claim against any other party in respect of this event? If yes, please provide		
Name of other party / insurance company		
Description of claim		

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

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Name (as per bank account)	
Bank Name	Bank Code
Account No.	Branch Code

E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorisation] I / We hereby consent to and authorise the medical practitioner involved in the claimant's care to discuss and disclose treatment details 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.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's 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 and/or the claimant, 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 the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group 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").

Date: _____

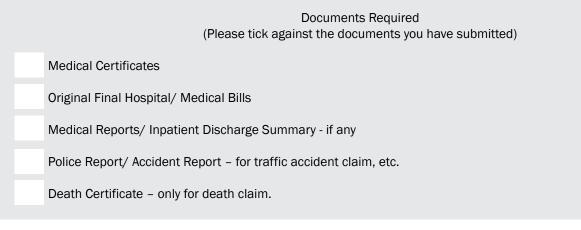
Date: _____

Signature of Claimant

Signature of Policyholder - For minor and group policy (Please also provide Company Stamp for corporate policy)

F. DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documentation required to process your claim. In certain circumstances, additional information may be required in order for further confirmation.



Should you have any query on your claim status, we would be pleased to assist you via the following:

www.hsbclife.com.sg (Claim Section)





cst@mail.life.hsbc.com.sg

HSBC Life is committed to making your claim submission simple and easy. Thank you for insuring with HSBC Life, we are proud to serve you.