



**Employee Benefits Group Medical Insurance Claim Form**

**Special Instruction: Dependents above 19 years of age, are required to attach a copy of his/her student pass for every claim submission.**

**For Outpatient Claims (General Practitioner (GP), Specialist (SP), Diagnostic X-rays & Lab Test (XRLB), Dental), please submit the following documents within one month from the date of consultation or treatment:**

- (1) Duly completed and signed claim form (Part 1)
- (2) All original tax invoices, doctors' bills and receipts (For Dental Claim-To submit Part 3 of claim form completed by dentist if Invoice does not reflect breakdown)
- (3) Copy of Referral Letter from GP to Specialist / Hospital **OR** Copy of appointment card from Specialist / Hospital
- (4) Copy of any referral form for laboratory / blood test / x-rays
- (5) Copy of CPF Medisave Transactions Statement with **HRN No (Hospital Reference No)** if you have utilized your Medisave to make payment. It can be obtain from [www.cpf.gov.sg](http://www.cpf.gov.sg), go to "My Statement" and click on "Section B – Medisave and/or MediShield Life to view payment details

**For Inpatient Claims, please submit the following documents within one month from date of discharge from hospital:**

**Admission to Government / Restructured Hospital:**

- (1) Duly completed and signed claim form (Part 1 only)
- (2) All original final hospital bills, doctors' bills and receipts
- (3) Inpatient Discharge Summary / Day Surgery Admission Form / Ambulatory Form / Pre- Admission Form
- (4) Copy of CPF Medisave Transactions Statement with **HRN No (Hospital Reference Number)** if you have utilized your Medisave to make payment. It can be obtain from [www.cpf.gov.sg](http://www.cpf.gov.sg), go to "My Statement" and click on "Section B – Medisave and/or MediShield Life to view payment details
- (5) Claim Settlement Advice from Medisave-approved Integrated Shield Plan (if any) – example, AIA Healthshield, NTUC Incomeshield, AVIVA Myshield, Prudential Prushield or Great Eastern Supremehealth

**Admission to Private Hospitals / Clinics / Hospitals outside Singapore**

- (1) Duly completed and signed claim form (Part 1)
- (2) Medical Report (Part 2 of the claim form)
- (3) All Original Final Summary and Itemised Hospital Bills, Doctors' bills and receipts
- (4) Copy of CPF Medisave Transactions Statement with **HRN No (Hospital Reference Number)** if you have utilized your Medisave to make payment. It can be obtain from [www.cpf.gov.sg](http://www.cpf.gov.sg), go to "My Statement" and click on "Section B – Medisave and/or MediShield Life to view payment details
- (5) Claim Settlement Advice from Medisave-approved Integrated Shield Plan (if any) – example, AXA Shield, AIA Healthshield, NTUC Incomeshield, AVIVA Myshield, Prudential Prushield or Great Eastern Supremehealth

**MEDICAL REPORT REQUIREMENT**

Please note that the requirements for medical report submissions differ for admissions into Private and Singapore Government /Restructured Hospitals:

Hospitalization at	Medical Report to be applied by :	Procedures	Cost of Medical Report to be borne by AXA:
Private Hospitals	Claimant	To submit Part 2 of the Claim Form duly completed by the Attending Physician / Surgeon to AXA.	Nil
Singapore Govt./ Restructured Hospitals - Refer to the hospital list below	AXA	AXA will apply for the report, where necessary. The report fee in excess of S\$75 will be recovered from the client once the claim has been processed.	S\$75/-

- \* AH - Alexandra Hospital
- \* CDC - Communicable Disease Centre
- \* CGH - Changi General Hospital
- \* KKH - KK Women's and Children's Hospital
- \* KTP - Khoo Teck Puat Hospital
- \* NCC - National Cancer Centre
- \* NTFG - Ng Teng Fong General Hospital
- \* NHC - National Heart Centre
- \* NSC - National Skin Centre
- \* NUH - National University Hospital
- \* SGH - Singapore General Hospital
- \* SNEC - Singapore National Eye Centre
- \* TTSH - Tan Tock Seng Hospital







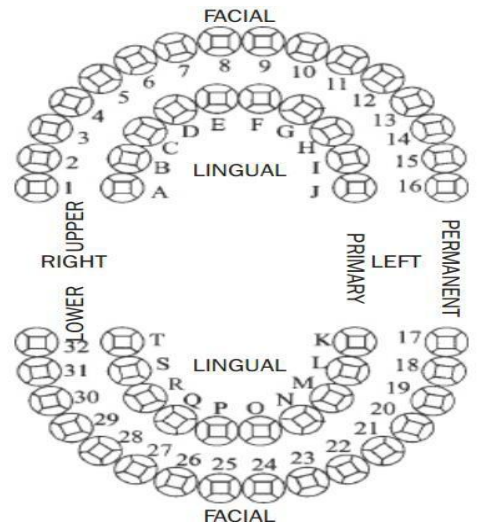
**PART 3: DENTAL - TO BE COMPLETED BY DENTIST**

For visits to a dentist, claimant must arrange to have this section completed by the Attending Dentist before submitting a claim.

1) Name of Patient:  NRIC / Passport / FIN No:	2) Insured Member(Employee)'s Name: Company :
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**CLAIMS DETAILS**

3) Date of consultation	
4) Complaints and/or symptoms:	
5) Nature of Treatment. Please Tick (☐) where appropriate: <input type="checkbox"/> Routine dentistry <input type="checkbox"/> Accident	
If treatment is required as the result of an accident, please provide the following details:	
6) Date / Time of Accident	7) Describe How Accident Happened & Nature of Injury
8) Specify the recommended investigations, and/or procedures using the tooth number as shown on the teeth map on the right.	



	Type of Dental Services Rendered	Charges	FOR AXA INSURANCE'S USE ONLY	
			Benefit Limits	Amount Payable
a)	Consultation / Examination	S\$		S\$
b)	X-rays	S\$		S\$
c)	Scaling & Polishing	S\$		S\$
d)	Filling	S\$		S\$
e)	Extraction			
	- Routine / complicated extraction	S\$		S\$
	- Surgical extraction of wisdom tooth	S\$		S\$
f)	Medication	S\$		S\$
g)	Pulp/Root Canal Treatment	S\$		S\$
h)	Periodontal Treatment	S\$		S\$
i)	Crowning	S\$		S\$
g)	Others (Please Specify)	S\$		S\$
	<b>TOTAL</b>	S\$		S\$

_____ Signature of Dentist Name: Date:	_____ Name and Address of Clinic / Hospital & Stamp
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