

Claim form for Junior Protection/Student Protection/Student Sports Injury Plan

Important notes

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income must be given at the expense of the policyholder or claimant. To avoid delay in processing your claim, please submit the completed claim form duly certified by the school/centre together with the supporting documents within 30 days from date of accident.

Type of claim (please tick accordingly)	Supporting documents
<input type="checkbox"/> Outpatient medical expenses	<input type="checkbox"/> Original final bill <input type="checkbox"/> Accident report from school/centre <input type="checkbox"/> Police report, if applicable
<input type="checkbox"/> Hospitalisation/Day surgery medical expenses and/or Hospital cash benefit: Admission date _____ (dd/mm/yyyy) Discharge date _____ (dd/mm/yyyy)	<input type="checkbox"/> Original final bill <input type="checkbox"/> Inpatient discharge summary/doctor's memo on the accident and injuries sustained <input type="checkbox"/> Accident report from school/centre <input type="checkbox"/> Police report, if applicable
<input type="checkbox"/> Death	<input type="checkbox"/> Certified true copy of death certificate <input type="checkbox"/> Letter from Immigration and Checkpoint Authority (ICA) for overseas death <input type="checkbox"/> Repatriation report for overseas death <input type="checkbox"/> NRIC/BC/Passport of Claimant <input type="checkbox"/> Proof of claimant's relationship with deceased such as marriage certificate or birth certificate <input type="checkbox"/> Medical reports <input type="checkbox"/> Accident report from school/centre <input type="checkbox"/> Police report, if applicable <input type="checkbox"/> Newspaper clipping, if applicable
<input type="checkbox"/> Permanent Disability	<input type="checkbox"/> Medical reports/laboratory reports <input type="checkbox"/> Inpatient discharge summary <input type="checkbox"/> Accident report from school/centre <input type="checkbox"/> Police report, if applicable <input type="checkbox"/> Newspaper clipping, if applicable

Particulars of school/centre

Name of school/centre Fuhua Primary School	Policy number 4000095263-02
Address 65 Jurong East St 13 S609647	For Student Sports Injury Plan, please indicate type of CCA
Name of contact person and contact number: _____ (Mobile) _____ (Office) 65624370 (Email) fhps@moe.edu.sg	

Particulars of Insured

Name (as shown in NRIC or BC)	NRIC or BC number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Class
Residential address		Date of birth (dd/mm/yyyy)	
Contact number (Mobile)	(Home)	(Email)	

Details of accident

Date and time of accident	Place of accident
Describe how the accident happened.	
Describe the injuries sustained and the part(s) of the body injured.	

Other information

Have you claimed or do you intend to claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If 'yes', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher from the other party.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: It is important that you inform us if you are claiming from another insurer, other employer or any other parties for the same bill. You can only claim or be reimbursed once for the amount that you have incurred, regardless of the number of medical insurance plans you may have. We reserve the right to recover if there is any excess amount paid to you.	
Cheque made payable to (Please tick and delete where applicable)	
<input type="checkbox"/> School/centre <input type="checkbox"/> Father/mother/guardian <input type="checkbox"/> Principal/teacher/staff	
Name of Payee	NRIC number of payee

Declaration

This portion is to be completed by the Insured (age 21 years and above) or school/centre representative if the accident occurs in the school/centre or during school/centre activities. For accident occurring under other circumstances, this portion is to be completed by the Insured (age 21 years and above) or parent/guardian of the Insured.

I certify that the information in this form is true and complete and I have not withheld any material information.

Name of Insured/parent/guardian/school or centre representative (Please underline as applicable)	Signature of Insured/parent/guardian/school or centre representative (Please underline as applicable)	Date (dd/mm/yyyy)
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Authorisation by Insured/parent/legal guardian

For the purposes of policy administration including processing and investigating this claim, and deciding whether NTUC Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by NTUC Income and/or its claims service providers.
- b. I authorise NTUC Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about my spouse and/or dependants if this claim is made on behalf of them.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name and NRIC of Insured	Signature of Insured (If Insured is age 21 years and above)	Date (dd/mm/yyyy)
Name and NRIC of Insured's parent/legal guardian (If Insured is below 21 years old)	Signature of Insured's parent/legal guardian (If Insured is below 21 years old)	Date (dd/mm/yyyy)

Certification by school/centre

This is to certify that the Insured is a student of the above named school/centre.

Name of school/centre representative

Signature and school's/centre's stamp

Date (dd/mm/yyyy)

For official use

Visit Date	Amount Incurred	Amount Payable	Ineligible Expenses	Others:

Checked by/date:

Approved by/date:
