

**HEALTH CLAIM SERVICES DEPARTMENT
MEDICAL / ACCIDENT CLAIMS
SUBMISSION OF FURTHER ORIGINAL BILLS**



Important Notes: For bills with physical size that are smaller than A4, please paste the bills on a A4 size paper.

Please select type of claims

Medical Claim (GSH/GTH/GTC/PHP/HSP)

Accident claim

Policy No(s):

Name of Life Assured:

NRIC of Life Assured:

For Medical claims (GSH/GTH/GTC/PHP/HSP),
Please state Date of Admission to Hospital:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

For Accident claims, please state Date of Accident:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total A4 Pages of Bills Attached with this Form:

Details of Contact Person (if clarification is required by Health Claim Services Department)

Name of PolicyHolder /Financial Representative:

Contact No. of Policyholder / Financial Representative:

Date of Submission:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

DIRECT CREDITING/ PAYNOW REGISTERED WITH SINGAPORE NRIC/ (Please Tick One Option)

***My selected mode of payment of claims proceeds below shall be a standing instruction to the Company for all future claims payout under this policy, unless otherwise instructed by me subsequently**

Please credit my proceeds into my Personal Bank Account in Singapore.

Name of Bank	Branch of Bank	Bank Account Number	Account Holder's name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important Notes: Claim amounts will only be direct credited to the Policyholder's bank account. A **copy of bank book** or **bank statement** showing the account holder's name and bank account number has to be submitted for verification purpose. Direct crediting will only be applicable for claims (excluding reimbursement to CPF Board) up to S\$10,000 to a local bank account. A cheque will be issued if the requirement for direct crediting is not met, or if the amount is above S\$10,000.

Please credit my proceeds via PayNow.

I confirm that **I have registered with PayNow and I have linked my Singapore NRIC to my bank account ("PayNow Account")** whereby I am the legal and beneficial owner of the PayNow Account. I hereby authorise and instruct the Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I agree and acknowledge that a cheque for the payment will be issued to me.

Note: PayNow will only be applicable for claims up to S\$200,000 and payable to Policyholder's local bank account.

_____ Date

_____ Signature of Policyholder



CCLM