

#### NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6332 1133 · Fax: 6338 1500
Email: healthcare@income.com.sg · Website: www.income.com.sg

Scan QR code for on-line submission of medical expenses claim



# Claim form for Group Personal Accident (GPA) Insurance Plan for Students

#### Important notes

You can submit your medical expenses claims through our e-claim portal https://studentgpa.lncomegroupins.com.sg/. No login user or password is required. For manual submission, please follow the instruction below.

The acceptance of this form is NOT an admission of liability on the part of NTUC income insurance Co-operative Limited. To avoid any delay in processing your claim, please fill in all the information required in the claim form, ensure the form is certified by the school/centre and submit together with the supporting documents to NTUC income insurance Co-operative Limited within reasonable time from the date of accident.

Please submit the claim form and supporting documents to:

#### For Medical Expenses:

By post to

NTUC Income Insurance Co-operative Limited

c/o 1 Commonwealth Lane, #02-13 One Commonwealth, Singapore 149544

### For Death/Permanent and Total/Partial Disability:

- a. At any NTUC Income Insurance Co-operative Limited branch or
- b. By post to

NTUC Income Insurance Co-operative Limited Income Centre, 75 Bras Basah, Singapore 189557

Supporting documents for the type of claim (please tick accordingly)						
Medical Expenses:						
Original final tax invoice(s)/receipt(s)						
Police report, If applicable						
For hospitalisation/day surgery, a copy of Inpatient discharge summary/Day surgery form/Attending physician's medical report						
Copy of the Shield Plan's settlement letter if there is any payment by Medisave-approved Integrated Shield Plan						
Death:						
Certified true copy of death certificate (for overseas death, the original death certificate must be certified by your lawyer or any Notary Public)						
All overseas documents are to be certified as true copies by your lawyer or any Notary Public						
Letter from Immigration and Checkpoint Authority (ICA) – this letter is issued by ICA for Singaporeans or Permanent Residents (PR) who died overseas. It confirms receipt of the Singapore NRIC, passport and overseas death certificate						
NRIC or relevant identification documents (e.g. passport, birth certificate) of claimant						
Proof of claimant's relationship with deceased such as birth certificate						
Medical report(s)	Medical report(s)					
Newspaper clipping and police report, if ap	Newspaper clipping and police report, if applicable					
All documents submitted must be in English. An	y documents in foreign languages must b	e officially translated to English by a certified translator/interpreter.				
Permanent and Total/Partial Disability:	Permanent and Total/Partial Disability:					
Medical reports/Laboratory reports/Hospit	al discharge summary					
NRIC or relevant identification documents (	e.g. passport, birth certificate) of claima	nt				
Newspaper clipping and police report, if ap	plicable					
	Certification by School,	Centre				
This is to certify that:						
a. the insured is covered under the policy at the						
b. the accident occurs in school or during school complete and we have not withheld any ma		o the school. The details of the accident in this form are true and				
c. the accident occurs to and from school/place	ce of residence/hostel/place where scho	ol activity is carried out.				
Name of School/Centre		Policy number				
		5096873205				
Address of School/Centre	Zone	Contact details				
Address of school/centre	North South	(Mobile) (Office)				
	East West					
		(Email)				
Name of Authorised staff of School/Centre   Sign	ature of Authorised staff of School/Centre	School's/Centre's stamp				
Sign	search of Marionaca state of School/Centre	Serios, ay derivide a starrip				

Before submitting the claim to us, please make sure that the above section is duly completed by the Authorised staff of the School/Centre with the Authorised staff's signature and School/Centre's stamp on the claim form.

			Particulars	of Insu	red		<b>企在打造、特益</b> 。
Insured Name (as shown	n In NRIC,	FIN or BC)	NRIC, FIN or BC nu	ımber	Nationality	Gender  Male Fe	male
Date of birth (dd/mm/y)	γγγ)	Level  Kindergarten		Prim	ary	Secondary	
		☐ Junior Callege/Cent	railsed institute	Mixe	d Level (Secondary & Jun	ior College)	
		Mixed Level (Primar	y & Secondary)	Name o	f school/centre:		
				Class:	II-II:		
Residential address				Contact (Mobile (Email)		(Home)	
				(Eman)			
				Please n	ote that all corresponder	nces will be sent via t	he emall address as
If your contact particulars update all your existing po				in this cla	Im form are different fro	m your existing reco	rds with us, we will not
			Details o	f accide	nt		
Date of accident:		Time of accident:			accident:	madas III par komi	ATTENTION DESCRIPTION OF THE PROPERTY OF THE P
	Accident		Physical Educ			School Events	
	_	. food poisoning)			(Incl. fight/bully) name of the CCA/Sports)	☐ To and from so	nool
					marile of the conyaports)		
-		I and Performing Arts (e.					
	Fracture	cl. contact with chemical	Infection	us Disease	s (e.g. Dengue Fever, HFN	-related injuries	Food poisoning
Describe how the accide	nt happe	ned.					
	*						
Describe the injuries sus	tained an	d the part(s) of the body	/injured.				0.

		Other informati	on .	
			er parties for reimbursement of your e settlement letter or payment vouch	
Remarks:				
Note:				
can only claim or be rein	nbursed once for the amount t		yer or any other parties for the same s of the number of medical insurance u.	
Payment mode:	Cheque	Direct credit to bank account <sup>1</sup>		
Name of payee (as shown in the NRIC/F	in)	3230 11 33000	NRIC, FIN or Passport number	Relationship to the insured
(Payee has to be studen	t's parent/legal guardian and b	pe above 21 years old)		
Gender	Nationality	Date of birth (dd/mm/yyyy)	Contact details	
Male Female			(Mobile)	(Home)
			(Email)	
<sup>1</sup> For Direct Credit: N	lame of Bank		Branch	710
Account number				
I .		als section is correct. If you have p aim and not be liable for any loss	provided any inaccurate bank account ses incurred by you.	number for the payment of this
ar in special control		Personal data collection	Statement	NSM6512ADAR
NTUC Income Insurance	Co-operative Limited recogni		sonal Data Protection Act 2012 (PDP	A) which include the collection.
		or which an individual has given		in the second se
provided, or to be prov		ured persons or from other so	ides all personal data provided in turces, for the purpose of this insura	
You may not alter any of	the wording in this 'Personal	data collection statement'. Any a	ttempt to do so will be of no effect.	
Purpose of collection	on			
We may collect and	use the personal data to:			
(a) carry out Identi	ty checks;			
(b) carry out inform	nation checks;			
(c) communicate w	ith you for the purposes of th	s transaction;		
(d) provide ongoing	g services and respond to your	inquirles or instructions;		
(e) make or obtain	payments;			
(f) investigate and				
1 17	ent fraud, unlawful or improp	er activities;		
1 ' '	:h and statistical analysis; es and monitor for quality assu	ranca.		
	nd for reinsurance administrati			
		orting to regulatory and industry	entities.	
2. Disclosure of persor	nal data			
We may disclose per	rsonal data belonging to you o	r your insured persons for the pu	rposes set out in Section 1 to these p	parties:
		inancial advisors and insurance		
(b) medical profess	ionals and institutions;			
(c) insurers and rei	nsurers;			
	s service providers to provide ry or emergency assistance ser		, mail distribution, data storage, data	entry, marketing and research,
(e) dispute resoluti	on parties;			
(f) parties that assi	st us to investigate, administer	and adjudicate claims;		
(g) financial institut				
(h) regulators, law e	enforcement and government	agencies.		

## 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the said products and services. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the said products and services, including preventing us from properly assessing and processing your claim.

#### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email your request to: DPO@income.com.sg.

	Declaration and a	uthorisation by Insured/parent/legal guardian	
CE	rtify that the information in this form is true and comple	ete and I have not withheld any material information.	
cc	onfirm that I understand and agree to the 'Personal data	collection statement'.	
For	the purposes of policy administration including process	ing and investigating this claim.	
а.	I authorise any person or organisation who has relevan Institution, insurance company, and investigative agenc by NTUC income insurance Co-operative Limited and/o	it information pertaining to this claim, including any medical cles, to release and exchange such information (including per or its claims service providers.	practitioner, health care provider or sonal health information) requested
b.	I authorise NTUC income Insurance Co-operative Limit organisations listed above any information (including p	ed and its claims service providers to collect, use, disclose a ersonal health information).	and to exchange with the persons or
٥.	I am authorised to disclose Information (including pers	onal health information) about the insured person if this cla	im is made on behalf of them.
d.	I agree that a photocopy or electronic version of this au	uthorisation shall be as valid as the original.	
	Name of Insured	Signature of Insured (If Insured is age 21 years and above)	Date (dd/mm/yyyy)
£ 1.		(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir	Name of Insured  nsured is below 21 years old, the following is to be comp	(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir		(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir		(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir		(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir		(If insured is age 21 years and above)	Date (dd/mm/yyyy)
f Ir	nsured is below 21 years old, the following is to be comp	(If Insured is age 21 years and above) eleted by the parent or legal guardian of the Insured.	Date (dd/mm/yyyy)  NRIC or FIN number
f Ir		(If insured is age 21 years and above)	
f Ir	nsured is below 21 years old, the following is to be comp	(If Insured is age 21 years and above) eleted by the parent or legal guardian of the Insured.	
f Ir	nsured is below 21 years old, the following is to be comp	(If Insured is age 21 years and above) eleted by the parent or legal guardian of the Insured.	
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