

NTUC Income Insurance Co-operative Limited

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an NTUC Social Enterprise

i-MediCare Card Replacement Form			
Details of policyholder			
Company name			
Details of employee			
Name (as shown in NRIC or work pass)		NRIC number or FIN	
Details of insured member			
Name (as shown in NRIC or work pass)		NRIC number or FIN	
Address			
Contact number			
(Hand phone)	(Office)	(House)	
Reason for requiring replacement			
	Authorisation		
Signature of employee		Date (dd/mm/yyy)	
		2.444	
Signature of insured member (Insured member 16 years old and above needs to sign)		Date (dd/mm/yyy)	
Note: Please anclose a cheque of S\$10.00 made sou	ahla to "NTLIC Income" heing the replacement for for	the i-MediCare card. Thank you	
Note: Please enclose a cheque of S\$10.00, made payable to "NTUC Income", being the replacement fee for the i-MediCare card. Thank you.			

For official use			
Staff name	Staff code		
Receipt of replacement fee	Date (dd/mm/yyyy)		
□ No □ Yes			
Amount (\$\$) :	Staff signature		
Cheque number :			