

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6332 1133 • Fax: 6338 1500

 ${\it Email: healthcare@income.com.sg \cdot Website: www.income.com.sg}$

an NTUC Social Enterprise



Scan QR code for on-line submission

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

Important notes

You can submit your <u>medical expenses claims</u> through our e-claim portal https://studentgpa.incomegroupins.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 an	ny payment by Medisave-appr	roved Integrated Shield Plan			
Death:					
	=	cate must be certified by your lawyer or any Notary Public)			
All overseas documents are to be certified as true copi		•			
It confirms receipt of the Singapore NRIC, passport and		for Singaporeans or Permanent Residents (PR) who died overseas.			
NRIC or relevant identification documents (e.g. passpo		nt			
Proof of claimant's relationship with deceased such as	birth certificate				
Medical report(s)					
Newspaper clipping and police report, if applicable					
All documents submitted must be in English. Any document	s in foreign languages must be	e officially translated to English by a certified translator/interpreter.			
Permanent and Total/Partial Disability:					
Medical reports/Laboratory reports/Hospital discharge	summary				
NRIC or relevant identification documents (e.g. passpo	rt, birth certificate) of claimar	nt			
Newspaper clipping and police report, if applicable					
Certification by School/Centre					
This is to certify that:					
a. the Insured is covered under the policy at the time of a					
b. the accident occurs in school or during school activities or any activities related to the school. The details of the accident in this form are true and complete and we have not withheld any material information.					
c. the accident occurs to and from school/place of residence/hostel/place where school activity is carried out.					
Name of School/Centre		Policy number			
Name of School, centre		5096873205			
		3030873203			
Address of School/Centre	Zone	Contact details			
	☐ North ☐ South	(Mobile) (Office)			
	☐ East ☐ West	(Email)			
Name of Authorised staff of School/Centre		School's/Centre's stamp			
Signature of Authorised staff of School/Centre	Date (dd/mm/yyyy)	-			
e.g. acare of Authorised staff of Schooly schille	2000 (00) 11111/ 9999/				

			Particulars	of Insu	red			
Insured Name (as she	own in NRIC,	, FIN or BC)	NRIC, FIN or BC nu	ımber	Gender Male	Female	Nationality	
Date of birth (dd/mn	п/уууу)	Level Kindergarten Junior College/Cent Mixed Level (Primar			ed Level (Seco	ondary & Junior (tre:		
Residential address	ılars (i.e. adı	dress, contact number a	nd email) indicated	via) important to this email add	provide email ad dress.		oondences will be sent rds with us, we will no
		th the new contact partic		iii tiiis cid	iii ioiiii are	amerene nom y	our existing rees	as with as, we will no
			Details o	f accide	nt			
Date of accident:		Time of accident:		Place of	accident:			
Activity type	CCA/Spo	tal I. food poisoning) orts (Please tick the type of s & Societies (e.g. Chess/l ical Sports (e.g. Basketbal ormed Groups (e.g. NCC/l al and Performing Arts (e.	Debate/Library/Phot /Floorball/Football NPCC/Red Cross	dicate the	(incl. fight/bu	CCA/Sports)		:hool
Injury type	Fracture	ncl. contact with chemica e wist/Tear/Swelling/Disloc	Infectio	us Disease	es (e.g. Dengu	Dental-rela	ated injuries	Food poisoning Insect Bites
Describe how the acc			v injured					
Describe the injuries	sustained ai	nd the part(s) of the bod	y injured.					

			Other information	n			
bills?	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.						
Rem	arks:						
Note							
can	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 policies you may have. We reserve the right to recover if there is any excess amount paid to you.						
Payn	nent mode:	Cheque	Direct credit to bank account ¹				
	e of payee hown in the NRIC/FI	N)		NRIC, FIN or Passport number	Relationship to the insured		
(Paye	ee has to be student	's parent/legal guardian and b	e above 21 years old)				
Gend	der	Nationality	Date of birth (dd/mm/yyyy)	Contact details			
N	1ale 🗌 Female			(Mobile)	(Home)		
				(Email)			
1	For Direct Credit: Na	ame of Bank		Branch			
	Account number						
Please ensure the bank account number indicated in this section is correct. If you have provided any inaccurate bank account number for the payment of this claim, we shall discharge from all liability under this claim and not be liable for any losses incurred by you.							
			Personal data collection s	statement			
			ses its obligations under the Pers	sonal Data Protection Act 2012 (PDPA)	which include the collection,		
use and disclosure of personal data for the purpose for which an individual has given consent to.							
The personal data collected by NTUC Income Insurance Co-operative Limited includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction.							
You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.							
1. Purpose of collection							
We may collect and use the personal data to:							
	(a) carry out identit						
	(b) carry out inform	iation checks; ith you for the purposes of thi	s transaction				
		services and respond to your					
	(e) make or obtain	• •					
	(f) investigate and :(g) detect and previous		er activities:				
(g) detect and prevent fraud, unlawful or improper activities;(h) conduct research and statistical analysis;							
		es and monitor for quality assu	•				
	(3)	nd for reinsurance administrati applicable laws, including repo	orting to regulatory and industry	entities.			
2.	Disclosure of persor	nal data					
,	We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:						
			financial advisers, insurance brok	er (if applicable);			
(b) medical professionals and institutions;(c) insurers and reinsurers;							
	 (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services; 						
	(e) dispute resolution parties;						
((f) parties that assist us to investigate, administer and adjudicate claims;						

(g) financial institutions; and

(h) regulators, law 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 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 to: DPO@income.com.sg.

For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to consentwithdrawal@income.com.sg.

Declaration and authorisation by Insured/parent/legal guardian

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

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim.

- 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 Insurance Co-operative Limited and/or its claims service providers.
- b. I authorise NTUC Income Insurance Co-operative Limited 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 the insured person if this claim is made on behalf of them.

d. I agree that a photocopy or electronic version of this au	thorisation 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)
If Insured is below 21 years old, the following is to be comple	eted by the parent or legal guardian of the Insured.	
Name (as shown in NRIC or FIN)	Signature	NRIC or FIN number
Relationship to the Insured		Date (dd/mm/yyyy)