

AXA INSURANCE SINGAPORE PTE LTD

 143 Cecil Street #01-01 GB Building
 Singapore 069542
 Tel: (65) 6338 7288 Fax: (65) 6338 2522
 Internet: www.axa.com.sg

CLAIM FORM

Please send claim documents to:
MYCG PTE LTD
 15 Jalan Rumia, Holland Village
 Singapore 277982
 Tel: (65) 6476 3829 / 9762 2062
 Fax: (65) 6338 2522
 Email: polys@mycg.com.sg
 Web: www.mycg.com.sg/polys

Please complete this form fully.
Incomplete forms may delay claim settlement.

Type of Claim	Documents Required (Check List)	POLYTECHNIC (Select One)
<input type="checkbox"/> Hospitalisation & Surgical	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Final Medical Bills & Receipts <input type="checkbox"/> Discharge Summary/Day Surgery Authorisation Form <input type="checkbox"/> Letter of Indemnity (if LOG was used)	Period of Insurance: 1 April 2008 to 31 March 2009 <input type="checkbox"/> Q0017702 – Nanyang Polytechnic <input type="checkbox"/> Q0017703 – Ngee Ann Polytechnic <input type="checkbox"/> Q0017704 – Republic Polytechnic <input type="checkbox"/> Q0017701 – Singapore Polytechnic <input type="checkbox"/> Q0017705 – Temasek Polytechnic
<input type="checkbox"/> Outpatient Mental Health	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts <input type="checkbox"/> Referral Letter from GP/Polyclinic/Polytechnic Counsellor <input type="checkbox"/> Doctor's Memo providing description of condition & treatment	

SECTION A DETAILS OF INSURED PERSON (STUDENT)			
Name of Insured Student (write in capitals, as per bank account)	Passport No.	Matriculation No.	Matriculation Date
E-mail	Telephone No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (in Singapore)			

SECTION B DETAILS OF BANK ACCOUNT – For approved claims, reimbursement will be credited to your bank account. Please provide the details.		
Bank Name (please tick) <input type="checkbox"/> DBS/POSB <input type="checkbox"/> UOB <input type="checkbox"/> OCBC <input type="checkbox"/> _____	Branch	Account No.

SECTION C DETAILS OF ILLNESS			
1. Nature of Illness/Symptoms/Final Diagnosis		2. Date Symptoms First Noticed	
3. Nature of Treatment/Operation		4. Date First Treated	5. Hospitalisation Period

SECTION D DETAILS OF ACCIDENT			
1. Description of Accident (how it happened)	2. Place of Accident	3. Date of Accident	4. Time of Accident
5. Nature of Injury	6. Nature of Treatment/Operation	7. Hospitalisation Period	8. Is this a job-related injury <input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION E OTHER INFORMATION	
1. Has the illness been treated before? Has the same part been injured before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state date first occurred	2. Are you making a claim for this treatment from any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state name of insurer
3. Name & Address of Attending Doctor/Clinic/Hospital	

SECTION F DECLARATION & AUTHORISATION	
I hereby authorise any hospital, physician, person or organisation who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Singapore Pte Ltd any and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original. I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, of if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.	
Signature of Insured Student	Date

FOR OFFICIAL USE ONLY				
Verified by Polytechnic that Claimant is a full-time student at time of treatment <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Posted by Poly	Date Received by MYCG	Date Posted by MYCG	Date Received by AXA
Signature & Stamp of Polytechnic				