

Please refer to the following documents required for filing each type of claim:

A. For Death Claim under Group Term Life and Group Personal Injury policy:

- 1) Death Claim Form (to be completed)
- 2) Copy of Death Certificate
- 3) Copy of Marriage Certificate if deceased was married
- 4) Copy of deceased's Birth Certificate and copy of deceased's parents' identity cards if deceased was not married
- 5) Copy of claimant's identity card (front and back)
- 6) Copy of Last Intestate Will (if any)

Note: Singlife will request for the Physician Statement if there is insufficient information on the submitted documents.

If death cause is due to accidental events, please submit:

- 1) Police Investigation Report
- 2) Post Mortem / Autopsy Report including Toxicology Report
- 3) Coroner's Inquest / Verdict

B. For other / additional benefits claim under Group Personal Injury policy, please submit:

Disappearance

- 1) Newspaper Clippings (if any)
- 2) Copy of Airline / Authorities letter confirming that deceased was a passenger of the unfortunate accident
- 3) Copy of Immigration & Checkpoints Authority (ICA) letter indicating updated life status of deceased

Child Education Fund Benefit

- 1) Copy of child's Birth Certificate (front and back)
- 2) Copy of child's Concession Pass (front and back) or Enrolment letter from Institution

Compassionate Death Allowance Benefit

- 1) Copy of funeral expenses invoices

C. For Total & Permanent Disablement / Total & Permanent Dismemberment due to Accident / Advance Payment Benefit / Injury due to Accident / Disability Income / Comatose Lump Sum Benefit Claim under Group Term Life and Group Personal Injury policy:

- 1) Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, X-Rays, laboratory reports
- 4) Copy of Insured Person's NRIC (front and back)
- 5) Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

Additional documents required for Disability Income Benefit Claim:

- 1) Employment and/or Income documents, e.g. confirmation from employer on absence from work, termination letter, pay slips, IR8A Form, CPF Statements, Commission Statement, etc.
- 2) Copies of all medical leave certificates

D. For other / additional benefits claim under Group Personal Injury policy, please submit:

Mobility aid upon accidental Total & Permanent Disablement

- 1) Copy of mobility aids purchase and installation invoices

Ambulance Cost

- 1) Copy of ambulance fee invoice (transportation to hospital)

Home Rehabilitation Renovation Expenses

- 1) Copy of installation invoices

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

Please refer to the following documents required for filing each type of claim:

E. For Living Care / Living Care Plus Claim

- 1) Living Care / Living Care Plus Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, PET Scans, X-Ray, histopathology / laboratory reports
- 4) Copy of Insured Person's NRIC (front and back)
- 5) Copy of Insured Member's / Affiliate Member's NRIC (front and back), if Insured Person is a dependant

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

F. For Daily Hospital Cash Benefit / Hospital Recuperation Benefit / Simple Fracture or Other Fracture due to Accident Claim under Group Term Life and Group Personal Injury policy:

- 1) Claim Form (to be completed)
- 2) Copy of finalized hospital bill (admission and discharge dates have to be indicated)
- 3) Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, PET Scans, X-Ray, histopathology / laboratory reports
- 4) Copy of Inpatient Discharge Summary / Doctor's memorandum indicating diagnosis and date of injury
- 5) Copy of Insured Person's NRIC (front and back)
- 6) Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

IMPORTANT NOTE:

- The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to require the submission of such additional documents.
- For submission via email, please ensure that documents are scanned in colour.

Submission of claim documents:

To submit a claim, complete the relevant Claim Form and also have on-hand the required supporting documents. Thereafter, email us the complete set of claim documents for our claim review. We will acknowledge your electronic claim submission within 2 business days.

Alternatively, you may call us and we will be able to guide you through the claim process.

You may contact us at:

MINDEF & MHA Claims Hotline – 6827 8030

Our Operating Hours:

Mondays – Fridays 8.45am – 5.30pm

Closed on Saturdays, Sundays and Public Holidays

Email Addresses:

MINDEF_Claims@singlife.com (For Mindef Claims)

MHA_Claims@singlife.com (For MHA Claims)

**MINDEF & MHA GROUP INSURANCE
GROUP LIVING CARE / LIVING CARE PLUS**



IMPORTANT:

1. Please refer to the **Claims Procedure at a Glance** for documents required for submission of this claim.
2. The Insured Person/Insured Member/Insured Affiliate Member will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
3. The Insured Person/Insured Member/Insured Affiliate Member shall bear the cost of medical reports fees (if any).
4. Please continue to pay the premium until we have informed you on the outcome of your claim.
5. Singapore Life Ltd. does not admit liability by the mere issue of this or any other form.

To be completed by the Insured Person

Type of Claim (please ✓ box) Living Care Living Care Plus

SECTION A: DETAILS OF INSURED PERSON

Type of Claim (please ✓ box) Living Care Living Care Plus

Name of Insured Person

NRIC/FIN/Passport/BC No. Date of Birth Gender Male Female

Marital Status Single Married Widowed Divorced Others

Mailing Address

Email Contact No.

Name of Insured Member/Insured Affiliate Member (if different from Insured Person)

NRIC/FIN/Passport/BC No. Are you MSD? (applicable to MINDEF only) Yes No

SECTION B: DETAILS OF ILLNESS

1. Date symptom **first** started 0 – 6 mths 7 – 12 mths 1 – 2 yrs 2 – 3 yrs 3 – 5 yrs > 5 yrs

2. Describe symptoms **first** presented

3. Date **first** consulted doctor for the condition 0 – 6 mths 7 – 12 mths 1 – 2 yrs 2 – 3 yrs 3 – 5 yrs > 5 yrs

4. Name and address of doctor first consulted

5. Date of diagnosis

6. Exact diagnosis

7. What was the treatment (including any surgery) recommended and received by you?

SECTION B: DETAILS OF ILLNESS (cont'd)

8. Have you previously suffered from or received treatment for a similar or related Illness? Yes No
 If "Yes", please provide full details.

9. Is the Illness a result of an Accident? Yes No
 If "Yes", please provide full details.

Date & Time of Accident Place of Accident

Describe in detail how the accident happened

Nature and extent of injuries

- Was the accident reported to the Police? If "Yes", please provide a copy of the police report. Yes No

10. Details of doctor(s) consulted or hospital(s) admitted for this Illness

Name & Address of Doctor	Date First & Last Consulted	Treatment Provided

11. Details of doctor(s) consulted for any other disorders / conditions

Name & Address of Doctor	Reason for Consultation	Treatment Provided	Date First & Last Consulted

SECTION B: DETAILS OF ILLNESS (cont'd)

12. Have Insured Person been hospitalised for condition(s) related to your Illness? Yes No
If "Yes", please state.

Name of Hospital	Date of Admission	Date of Discharged	Reason for Hospitalisation

13. Is Insured Person claiming from any other Insurer(s) or other sources in respect of this Illness? Yes No
If "Yes", please provide the details.

Name of Insurer	Type of Plan	Policy Effective Date	Sum Assured

SECTION C: PAYMENT MODE OPTIONS

Direct credit into the following claim recipient's personal individual account (please provide a **copy of the bank book or bank statement** for account verification).

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

SECTION D: DECLARATION AND CONSENT

I/We, hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted.

I/We declare that I/we am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

SECTION D: DECLARATION AND CONSENT (cont'd)

I/We hereby authorise Singapore Life Ltd. to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the Insured Person at any time and authorise the prior mentioned organisations to disclose all such information to Singapore Life Ltd. A photocopy of this authorisation shall be considered as effective and valid as the original.

Where applicable, I/we confirm that for the personal data of other individuals (provided in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
- permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.

I/We consent to Singlife disclosing and/or transferring my/our personal data to the Ministry of Defence ("MINDEF") or Ministry of Home Affairs ("MHA") as may be applicable or such other insurance entity selected by MINDEF or MHA for the purpose of facilitating and/or administering insurance coverage with the insurance entity.

I/We confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

Signature of Insured Member/Insured Affiliate Member

Signature of Insured Person

Name

Name

NRIC/FIN No.

NRIC/FIN No.

Address

Address

Contact No.

Contact No.

Email

Email

Date (DD/MM/YY)

Date (DD/MM/YY)