

# ACCIDENT AND HOSPITALISATION FOLLOW-UP CLAIM PROCEDURE

## DOCUMENTS REQUIRED

1. Follow-Up Claim Form
2. Final Bills and Receipts (not interim bills)
3. Copy of the claim settlement letter and payment voucher if there was a reimbursement from another Insurer / Employer
4. Copy of the Medical Leave Certificate (MC) if claiming under Weekly Indemnity/Temporary Disability Indemnity Benefit

## IMPORTANT NOTES

- (a) The Follow-Up Claim Form is only applicable for follow-up submission to a previous claim e.g. post- hospitalisation expenses, additional medical leave certificate, etc.
- (b) All documents submitted must be in English. Any document that is not in English must be accompanied by an English translated copy of the document made by a certified translator/interpreter.
- (c) All forms must be duly completed and signed to avoid delay in claim processing. Please indicate "N.A." for fields which are not applicable.

## SUBMISSION OF DOCUMENTS

All claims required documents can be submitted to AIA Singapore. You may submit the claim application together with all of the requirement to AIA Singapore in any of the following way:

- By postal mail to AIA Singapore Claims Department at  
AIA Singapore Claims Department  
3 Tampines Grande #09-01  
Singapore 528799  
Attention: Claims Department (Individual Life & Health)
- Contact your AIA Servicing Agent to assist you.
- Submit your claim application in person at [AIA Singapore Customer Service Centre](#)

Finlyson Green at **1 Finlayson Green, Singapore 049246**  
Operating Hours: Mondays to Fridays 9am to 5.30pm excluding Public Holidays



## AIA SINGAPORE FOLLOW-UP CLAIM FORM ACCIDENT & HOSPITALISATION

**Important Notes:**

- 1) This form is only applicable for further claim submission of original bills for a previous ACCIDENT OR HOSPITALISATION claim.
- 2) Please submit Final Bills and Receipts (interim bills are not acceptable).
- 3) You may visit our website (<http://www.aia.com.sg/en/index.html>) for the claim submission procedures.

### A. TYPE OF CLAIM

Accident



\*L1FUHAC\*

Illness



\*L1HOSFM\*

Is mandatory to select the cause of claim and tick one box only.

### B. CLAIM DETAILS

Name of Insured:

NRIC/Passport No./Fin No. of Insured:

Policy Number(s):

Date of Hospital Admission / Accident for which this Follow-up claim relates to:

(dd/mm/yy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### C. PAYMENT METHODS

- Claim payment up to Singapore Dollar \$200,000.00 will be paid to the Policyholder's NRIC/FIN number registered PayNow account with a Singapore bank. Please ensure you have an active NRIC/FIN number registered PayNow account with your designated Bank. If the PayNow payment is unsuccessful, an SMS will be sent to the policyowner. A cheque will be automatically issued and mailed directly to the mailing address of the policy. Please ensure that the mailing address of the policy is valid.
- If there are multiple claimants for this claim, e.g. multiple trustees, the claim will be paid by cheque payment and we will send the cheque to the mailing address of the policy.
- Claim payment for non-Singapore currency policy will be paid in cheque.
- For overseas claimant, claim payment will be made via Telegraphic Transfer (TT) to a designated overseas bank. You may download the TT form from our website under "Submit A Claim".

Patient's Name :  
Patient's NRIC/Passport No./FIN No.:  
Policy Number :



**D) AUTHORISATION AND DECLARATION**

**Patient Name:** \_\_\_\_\_ **Patient's NRIC/Passport no./Fin no.:** \_\_\_\_\_

1. I/We, acknowledge and accept that the furnishing of this form, or of any forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") (Reg. No. 201106386R) is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights or defenses.

2. I/We:
- (a) hereby declare that I/we are duly authorised to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection with the claim and the Policy ("Information");
  - (b) declare that all Information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially;
  - (c) acknowledge and accept that AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the Information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and acknowledge and accept that AIA Singapore expressly reserves its rights to require or obtain further information as it deems necessary.
  - (d) declare that I/we did not file duplicate claim with AIA Singapore or any other insurer or source on the same bills which I/we have submitted for claims with AIA Singapore. I/We agree that AIA Singapore shall reject my/our claim or clawback any money paid to me/us should it be found that I/we have received reimbursement elsewhere.

3. I/We hereby authorise, agree and consent to:
- (a) persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "**Third Parties**") disclosing and releasing to AIA Singapore, its associated persons/organizations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "**Personal Data**"), relevant for the Purpose (defined below);
  - (b) the AIA Persons sharing the scope of the sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
  - (c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
  - (d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "**Using**"/"**Use**") the Personal Data for the Purpose; and
  - (e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "**Purpose**" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.

4. This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. A photocopy of this authorisation shall be effective and valid as the original.

_____	_____	_____
<b>Date (dd/mm/yy)</b>	<b>Signature of Policyowner</b>	<b>Signature of Insured/Covered Member</b>
	Name:	(Not required if Insured/Covered Member is a minor)
	NRIC:	Name:
		NRIC:

Note: No fees, commissions or charges of whatever nature are payable to FSCs or employees of AIA Singapore in respect of this claim.



\*L2CSENT\*