COMBINED CLAIM FORM

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

Please send claim form and documents to:

AEGIS INSURANCE SERVICES PTE LTD
15 Queen Street, #03-07 Tan Chong Tower
Singapore 188537
Tel: (65) 6837 0306 Fax: (65) 6837 0305
Email: customerservice@aegisic.com
www.aegisic.com

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

TYPE OF CLAIM & CHECKLIST (please select)

☐ **Hospitalisation & Surgical**
- ☐ Completed Claim Form
- ☐ Original Final Medical Bills & Receipts
- ☐ Medical Report/Discharge Summary/Day Surgery Authorisation Form

☐ **Personal Accident**
- ☐ Completed Claim Form
- ☐ Original Medical Bills & Receipts
- ☐ Doctor's Memo providing description injury & treatment (if available)
- ☐ Police Report (for traffic accidents)

☐ **Outpatient GP/A&E**
- ☐ Completed Claim Form
- ☐ Original Medical Bills & Receipts

☐ **Outpatient Specialist**
- ☐ Completed Claim Form
- ☐ Original Medical Bills & Receipts
- ☐ Referral Letter From GP
- ☐ Doctor's Memo providing description of condition & treatment (if available)

PEI Name : **Policy Number(s) :**

SECTION A DETAILS OF INSURED PERSON (STUDENT)

Name of Insured Student (**as per bank account**)	Passport No.	Student ID No/FIN No.	Date of Admission to School
Please tick to select status ☐ Full Time Student ☐ Part Time Student	Please tick to select status ☐ Singapore Citizen/PR	☐ International (non STP)	☐ International (STP)
E-mail	Telephone No.	Date of Birth	Gender ☐Male ☐ Female
Address (in Singapore)	Please settle claim payment by : ☐credit to student's bank* ☐by cheque to student ☐others ______________ (*for outpatient claims only if applicable)		

SECTION B DETAILS OF STUDENT'S BANK ACCOUNT - Please complete if you tick claim payment by credit to student's bank (For Outpatient claims only)

Bank Name (please tick) ☐ DBS/POSB ☐ UOB ☐ OCBC ☐ others	Branch	Account No.

SECTION C DETAILS OF ILLNESS

1.Nature of Illness/Symptoms/Final Diagnosis	2. Date Symptoms First Noticed	
3. Type 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. Treatment/ Operation	7. Hospitalisation Period	8. Is this a job-related injury ☐No ☐ Yes

SECTION E OTHER INFORMATION

1. Has the illness been treated before? Has the same part been injured before? ☐ No ☐ Yes, please state date first occurred	2. Are you making a claim for this treatment from any other insurance company? ☐No ☐ 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

TO BE COMPLETED BY SCHOOL/PRIVATE EDUCATION INSTITUTION

Is student registered with PEI on date of accident/illness? ☐No ☐Yes	Verified and Witnessed by PEI: Sign & Stamp	Name of Authorised Officer (PEI): Designation of Authorised Officer (PEI):