Etiqa Insurance Pte. Ltd. (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 |T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

Personal Accident Claim Form

Policy Number		Policy Holder's Full Name	

Important Notice

1. The Policyholder and/or the claimant must truthfully declared the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.

This form is issued without admission of liability.

Claimant Details			
Claimant Full Name		Claimant NRIC / FIN No.	
Email		Mobile No.	

Accident & Injury Details					
If you are claiming more than one loss, please indicate the first date of loss.					
Date of Accident		Time of Accident		Location of Accident	
Total Amount claimed					
Type of Accident	☐ Outpatient Medical Expenses / In-Hospital Medical Expenses / Accidental Dental Expenses ☐ Ambulance Fee ☐ Kidnap Benefit ☐ Bereavement Grant (as result of accident) ☐ Child Education Grant		☐ Snatch Theft ☐ Accidental Death ☐ Total Permanent Disablement ☐ Temporary Total Disablement ☐ Temporary Partial Disablement		
Have you injured the same part before? (Yes / No)					
Is this your job related injury? (Yes / No)					
Description of Accident					
Description of Injury Sustained (e.g. body part injured, injury type)					
Have you made a claim against any other party in respect of this event? If yes, please provide: (Yes / No)					
Name of other party / Insurance company					
Policy number/ reference number of other party/ Insurance company					

Documents Required for Claim Assessment
☐ Medical Certificates ☐ Original Final Hospital Bills / Medical Bills / Dental Bills / Ambulance Bills ☐ Medical Reports / Inpatient Discharge Summary - if any ☐ Police Report (for kidnap cases, validation of kidnap by police is required) / Accident Report – for traffic accident claim, etc. ☐ Death Certificate ☐ Birth Certificate / NRIC - if claimant is other than insured ☐ Receipts of lost item

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Declaration

1) [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.

2) [Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

3) [Customer's Data Privacy Consent] I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorized staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.

☐ I/We agreed to abide the declaration and terms and conditions.

____
Date

____
Signature of Insured
Company's stamp (if applicable)