INDIVIDUAL HOSPITAL & SURGICAL CLAIM FORM

Dear claimant,

We are sorry to learn about your hospitalization.

In order for us to process your claim, we require the following:

(1) Claimant's Statement
(2) Doctor's Statement (refer to Note A below)
(3) Consent Form For Medical Report
(4) Original final hospital bills (refer to Note B below)
(5) Detailed hospital bills are required for admission to private hospitals
(6) Copy of police report (if injury is due to a road traffic accident)
(7) Copy of NRIC of claimant

Once we have received **all** the above required documents, we will process your claim and inform you of the outcome as soon as possible.

Note:

(A)
- For claims that are less than $1,000 or less than the deductible amount for policies with deductible, we may consider waiving the medical report if there is sufficient documentary evidence, such as the Inpatient Discharge Summary showing the cause of disability/illness, period of disability/illness and hospitalization. If necessary, a medical report would still be required for claims that are less than $1,000.
- For claims that are more than $1,000, the original medical report must be submitted together with the claims documents for processing.
- Medical report is compulsory if hospitalization or day surgery is performed overseas.
- Medical Report fee to be borne by Policyholder

(B)
- Copy of hospitalization bills will be accepted for hospitalization benefit claim. Original final hospital bill is required for Asia HealthPlus and Asia PreferredCare.

Submission of Claim Documents

Please submit all claim documents:

(I) Through your servicing adviser; OR

(II) Personally or by post to the below address:

Customer Service Section
20 McCallum Street
#07-01 Tokio Marine Centre
Singapore 069046

INDIVIDUAL HOSPITAL & SURGICAL CLAIM
CLAIMANT'S STATEMENT

IMPORTANT NOTES :
(1) The issue of this claim form is not an admission of liability
(2) This claim form is to be completed by the Assured
(3) This claim form is used for submission of both Hospital & Surgical and Hospitalization Benefit Claim
(4) Tokio Marine Life Insurance Singapore Ltd. reserves the right to request for additional medical reports when it deems necessary

PART 1 : DETAILS OF POLICY(IES)

1.1 Policy No. : (a) _____ (b) _____

(c) _____ (d) _____

PART 2 : DETAILS OF ASSURED

2.1 Name : _____
(as stated in NRIC / Passport)

2.2 NRIC / Passport No. : _____

2.3 Residence address : _____

2.4 Occupation : _____

2.5 Contact No. : _____ (H) _____ (O) _____ (HP)

PART 3 : DETAILS LIFE ASSURED [if different from Part (2)]

3.1 Name : _____
(as stated in NRIC / Passport)

3.2 NRIC / Passport No. : _____

3.3 Residence address : _____

3.5 Contact No. : _____ (H) _____ (O) _____ (HP)

PART 4 : DETAILS OF LIFE ASSURED'S OCCUPATION

4.1 Occupation : _____

4.2 Name of employer : _____

4.3 Address of employer : _____

4.4 Description of duties : _____

_____ _____
Signature of Assured Date (dd/mm/yyyy)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

TOKIO MARINE
INSURANCE GROUP

PART 5 : DETAILS OF ILLNESS(ES) / MEDICAL CONDITION(S) OF LIFE ASSURED

5.1 Was the hospitalization or day surgery resulted from? ☐ Illness ☐ Accident

(a) If it was due to an illness, please provide the following information :

(i) Please describe fully the symptoms for which the Life Assured consulted a doctor :

_____

_____

(ii) Since when did the Life Assured have the symptoms before he / she consulted a doctor? _____ (dd/mm/yyyy)

(iii) Date when the Life Assured **first** consulted a doctor? _____ (dd/mm/yyyy)

(iv) Describe fully the extent and nature of the illness or injury :

_____

(b) If it was due to an accident, please provide the following information :

(i) Date of accident : _____ (dd/mm/yyyy) Time of accident : _____

Place of accident : _____

(ii) Describe in detail how the accident happened :

_____

_____

(iii) Please describe the nature and extent of injuries sustained :

_____

_____

(iv) Was there any eye-witness to the accident? ☐ Yes ☐ No

If **yes**, please give name(s) and address(es) of witness(es) :

Name of Witness	Address

(v) Was the accident reported to the police? ☐ Yes ☐ No

If **yes**, please give the name of the police station reported to (please enclose a copy of the police report) :

_____

6.1 Details of hospitalization / day surgery :

Name of hospital	Name of attending doctor	Date of hospitalization

_____ _____

Signature of Assured Date (dd/mm/yyyy)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

6.2 Please provide details of doctor(s) whom the Life Assured has consulted in connection to his / her illness :

Name of doctor / hospital	Address	Date of first consultation / hospitalization

6.3 Please provide details of the Life Assured's regular doctor, date & reason of consultation :
Name(s) and address(s) of the Life Assured's regular doctor(s) :

Name of doctor	Address	Date of consultation	Reason(s) for consultation

PART 7 : OTHER INSURANCES

7.1 Was the Life Assured insured with other insurance company(ies)? ☐ Yes ☐ No
If **yes**, please provide the following details :

Name of insurance company	Date of issue	Sum assured	Type of plan	Claim amount	Claim notified
					☐ Yes ☐ No
					☐ Yes ☐ No

PART 8: PAYMENT TO SINGAPORE BANK ACCOUNT

8.1 Please attach a copy of your bank statement or passbook showing your name and bank account details.

Bank Name	**Account No**	**Account Holder Name**

Signature of Assured

Date (dd/mm/yyyy)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

TOKIO MARINE
INSURANCE GROUP

PART 9: DECLARATION FOR COMMON REPORTING STANDARD (CRS)

9.1 Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

	Country of Tax Residence	**Taxpayer Identification Number (TIN)** In Singapore, TIN for Individuals would be your NRIC/FIN	**If no TIN available, enter Reason A, B or C**	**Please state reason(s) if Reason B is selected**
Proposer				
Joint Life Assured				

If you are a tax resident in more than two countries, please use a separate Individual Tax Residency Self-certification Form.
If a Taxpayer Identification Number (TIN) is unavailable, please provide the appropriate reason A, B or C:

Reason A The country where you are liable to pay tax does not issue TINs to its residents.

Reason B You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered below do not require a TIN to be disclosed).

For more information on Common Reporting Standard, you can refer to our company website. (http://www.tokiomarine.com/sg/en/about-us/crs.html)

For Entity and/or Controlling Persons, please complete the Entity Tax Residency Self-Certification Form and/or Controlling Person Tax Residency Self-Certification Form (forms can be obtained from the same website). If you have any questions on how to define your tax residency status, please visit the IRAS website or speak to a professional tax adviser as we are not allowed to give tax advice.

Signature of Assured

Date (dd/mm/yyyy)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. and Tokio Marine Insurance Singapore Ltd. ("Tokio Marine Insurance Group") may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com which I / we have read, understood and agreed to the same.

Declaration

I / We agree that:-

(i) all answers given by me / us in this form are, to the best of my / our knowledge and belief, true and complete;

(ii) Tokio Marine Life Insurance Singapore Ltd ("TMLS") shall not be deemed to provide cover and neither should TMLS be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose TMLS (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;

(iii) where TMLS becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (iv) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (ii), TMLS shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of TMLS on the aforementioned is final; and

(iv) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform TMLS if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

I / We hereby also authorize:

(a) any medical source, insurance office, or organization to release to or when requested to do so by TMLS, any relevant information concerning the below-named assured, and;

(b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning the below-named assured, at any time.

A photocopy of this authorization shall have the same effect as the original.

_____
Signature of Assured

Date : _____
(dd/mm/yyyy)

Name(s) : _____

NRIC No(s) : _____

Address(es) : _____

_____

Email Address : _____

Contact No(s) : (HP) _____

Relationship to Life Assured : _____

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

TOKIO MARINE
INSURANCE GROUP

INDIVIDUAL HOSPITAL & SURGICAL CLAIM
DOCTOR'S STATEMENT

1 Name of patient : _____
(as stated in NRIC / Passport)

2 NRIC / Passport No. : _____

3 **DETAILS OF CONSULTATION / TREATMENT**

(a) Diagnosis : _____

(b) Date of the patient's first consultation with you : _____
(dd/mm/yyyy)

(c) Please state symptoms presented and date symptoms first appeared in the box provided below :

Symptoms presented at first consultation	Date symptoms first started (dd/mm/yyyy)

(d) Date of diagnosis : _____
(dd/mm/yyyy)

(e) Diagnosis was first made by (Name of Doctor) : _____

(f) Date when diagnosis was first made known to the patient : _____
(dd/mm/yyyy)

(g) Date when the patient first became aware of symptoms : _____
(dd/mm/yyyy)

(h) In your opinion, how long do you think the illness / condition has existed? _____

(i) Please provide full details of all treatment provided and the response :

_____

_____

(j) Was the treatment related to the following conditions?

(i) Congenital conditions / physical defect at birth? ☐ Yes ☐ No

(ii) Nervous mental disorder / related to state of mind? ☐ Yes ☐ No

(iii) Treatment of teeth / gum tissue / oral mucosal? ☐ Yes ☐ No

(iv) Job-related injuries? ☐ Yes ☐ No

_____ _____

Hospital / Clinic Stamp | Signature of Attending Doctor

Date (dd/mm/yyyy) _____ | Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

(v) Sexually transmitted disease, AIDS and all illnesses or diseases related to HIV? ☐ Yes ☐ No

(vi) Complications arising from pregnancy, childbirth, abortion, miscarriage, impotency, sterilization, birth control measures or infertility? ☐ Yes ☐ No

If **yes**, when was the commencement date? _____ (dd/mm/yyyy)

(vii) Alcoholism or drug abuse? ☐ Yes ☐ No

(viii) Cosmetic or plastic surgery? ☐ Yes ☐ No

(ix) Is the surgery medically necessary? ☐ Yes ☐ No

If any of the answers to Questions 3(a) – (ix) is **yes**, please provide full details :

_____

_____

(k) Was surgery performed for this condition? ☐ Yes ☐ No

If **yes**, please specify :

Type of surgical operation performed	Date of surgery (dd/mm/yyyy)	Surgical table code(s)

(l) Please state the period of hospitalization :

Name of doctor / hospital	Address	Date of hospitalization

(m) Is the patient scheduled for further surgery? ☐ Yes ☐ No

If **yes**, please specify the tentative date of surgery : _____ (dd/mm/yyyy)

4 **DETAILS OF ACCIDENT**

Was the condition the result of an accident? ☐ Yes ☐ No

If **yes**, please provide the following details.

(a) Date of accident : _____ (dd/mm/yyyy) Time of accident : _____

Place of accident : _____

_____ _____

Hospital / Clinic Stamp | Signature of Attending Doctor

Date (dd/mm/yyyy) _____ | Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

(b) Describe in details how the accident happened :

(c) Please describe in details the nature and extent of injuries / disabilities :

(d) Were the injuries / disabilities the result of the accident described above? ☐ Yes ☐ No

(e) Was the patient under the influence of alcohol or drugs at the time of accident? ☐ Yes ☐ No

(f) Was the cause of the patient's condition / injury a result of self-destruction / intentional self-infliction? ☐ Yes ☐ No
If **yes**, please provide full details :

5 **MEDICAL HISTORY**

(a) Has the patient previously suffered from the same illness? ☐ Yes ☐ No
If **yes**, please provide the following :

(i) Date when the illness is first diagnosed : _____ (dd/mm/yyyy)

(ii) Name and address of the doctor who first treated the patient :

(iii) Name(s) and address(es) of the attending doctor(s) :

(iv) Has the patient been admitted to any hospital or treated before, either for the same or different cause? ☐ Yes ☐ No
If **yes**, please state :

Name of doctor	Name of hospital	Diagnosis	Date of hospitalization

Hospital / Clinic Stamp

Date (dd/mm/yyyy) _____

Signature of Attending Doctor

Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

(b) Are you the patient's regular doctor? ☐ Yes ☐ No

If **yes**, since when : _____ (dd/mm/yyyy)

If **no**, kindly provide the name and address of his / her regular doctor, if known to you :
Name of doctor / specialist :

_____

Address of clinic :

_____

_____

(c) Was the patient being referred to you? ☐ Yes ☐ No

If **yes**,

(i) Please provide the date of referral _____ (dd/mm/yyyy)

(ii) Please provide the name and address of the referral doctor :

_____

_____

(d) Is the patient being referred to another doctor for follow-up? ☐ Yes ☐ No

If **yes**, please provide the following :

(i) Name and address of the doctor : _____

(ii) Reason for the referral :

_____

(e) Is the patient suffering from other significant illness(es) / condition(s)? ☐ Yes ☐ No

If **yes**, kindly provide the details below :

Illness / Condition	Date of first consultation	Name of hospital / doctor	Address

6 Kindly provide us with additional information, if any, to further assist us in assessing this claim :

_____

_____

_____

Hospital / Clinic Stamp

Date (dd/mm/yyyy) _____

Signature of Attending Doctor

Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754

TOKIO MARINE
INSURANCE GROUP

CONSENT FORM FOR MEDICAL REPORT

NAME OF PATIENT : _____

NRIC NO. : _____ POLICY NO. : _____

This consent form is required for an insurance claim.

Authorization

I / We hereby authorize:

(a) any medical source, insurance office, or organization to release to or when requested to do so by Tokio Marine Life Insurance Singapore Ltd. ("Company"), any relevant information concerning the above-named patient, and;

(b) the Company to release to any medical source, insurance office, or organization, any relevant information concerning the above-named patient, at any time.

A photocopy of this authorization shall have the same effect as the original.

Yours faithfully

_____

Signature of *Patient / Patient's Parent / Next-Of-Kin

Name : _____

Address : _____

_____

NRIC No. : _____ Relationship to patient : _____

* delete accordingly

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com
Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754