INDIVIDUAL ACCIDENT CLAIM FORM

Dear claimant,

We are sorry to learn about your accident.

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

(1) Claimant's Statement
(2) Doctor's Statement (Refer to Notes below)
(3) Consent Form For Medical Report
(4) Authorisation Form For Crediting to Singapore Bank Account
(5) Original tax invoice/receipt (for claiming against reimbursement benefit)
(6) Copy of medical certificates
(7) Copy of police report (if injury is due to a road traffic accident)
(8) Copy of physical NRIC of claimant and life assured
(9) Proof of relationship for 3rd party policies

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 accidental death claim, please complete the Death Claim Form.
(B) For claims that are less than $500.00, we may consider waiving the medical report if there is sufficient documentary evidence, such as the Doctor's Memo or Inpatient Discharge Summary showing the cause of accident / disability / illness, diagnosis, period of disability / illness and hospitalisation. If necessary, a medical report would still be required for claims that are less than $500.00.
(C) For claims that are more than $500.00 (including further claim, if any), the original medical report must be submitted together with the claim documents.
(D) For temporary, total & continuous disability claim with medical / hospitalization leave exceeding 30 days, medical report must be completed.
(E) For temporary, total & continuous disability claim not exceeding 30 days, we may consider waiving the medical report if there is sufficient documentary evidence to show the cause of disability and period of disability.
(F) For all other accident assurance claims (e.g. loss of body parts), medical report must be completed.
(G) Medical report is compulsory if accident or hospitalization had occurred overseas. Documents which are in foreign language must be officially translated to English (translated by official Authority / Notary Public / Embassy) before submitting to us.
(H) Medical report fee is to be borne by Policyholder.
(I) Regardless of the above, we reserve the right to request for medical report to be furnished if deemed necessary.

Submission of Claim Documents

Please submit all claim documents:

(I) Through your servicing adviser; OR

(II) By post to the below address:
Life Claims Department
Tokio Marine Life Insurance Singapore Ltd
20 McCallum Street
#07-01 Tokio Marine Centre
Singapore 069046

(2024.03)

INDIVIDUAL ACCIDENT 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) Tokio Marine Life Insurance Singapore Ltd. reserves the right to request for additional medical reports when it deems necessary
(4) For accidental death claim, please complete the Death Claim Form

PART 1 : DETAILS OF POLICY(IES)

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

PART 2 : DETAILS OF ASSURED

2.1 Name : ______________________ NRIC / PP No : ______________________
(as stated in NRIC / Passport)

2.2 Residence address : ______________________

2.3 Present occupation : ______________________

2.4 Name & address of employer : ______________________

2.5 Description of duties : ______________________

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

3.1 Name : ______________________ NRIC / Passport No : ______________________
(as stated in NRIC / Passport)

3.2 Residence address : ______________________

3.3 Contact No. : ____________ (H) ____________ (O) ____________ (HP)

PART 4 : DETAILS OF ACCIDENT

4.1 Date of accident : ______________________ Time of accident : ______________________
(dd/mm/yyyy)

Place of accident ______________________

4.2 Describe in detail how the accident happened :

____

4.3 Please describe the nature and extent of injuries sustained :

____

4.4 Was there any eye-witness to the accident? ☐ Yes ☐ No
If **yes**, please provide the name(s) and address(es) of witness(es) :

____

4.5 Was the accident reported to the police? ☐ Yes ☐ No
If **yes**, please provide the name of the police station reported to and enclose a copy of the police report :

____

______________________ ______________________
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

A member of the Tokio Marine Group

TOKIO MARINE
INSURANCE GROUP

PART 5: DETAILS OF DISABILITY

5.1 Did the Life Assured submit a medical leave certificate to his / her employer? ☐ Yes ☐ No

If **yes**, please state :

Period of medical leave given : From : ____________ (dd/mm/yyyy) To : ____________ (dd/mm/yyyy)

Period of light duties given : From : ____________ (dd/mm/yyyy) To : ____________ (dd/mm/yyyy)

5.2 Date the Life Assured return to work : ____________ (dd/mm/yyyy)

5.3 Date the Life Assured resume all responsibilities of his / her occupation : ____________ (dd/mm/yyyy)

5.4 If the Life Assured has not returned to work, please state the date he / she is expected to return to work : ____________ (dd/mm/yyyy)

PART 6 : DETAILS OF DOCTOR(S) CONSULTED OR HOSPITAL(S) ADMITTED FOR THIS INJURY

6.1 Name and address of doctor who first attended to the Life Assured after the accident :

____

6.2 Date when the doctor first attended to the Life Assured : ____________ (dd/mm/yyyy)

6.3 Name and address of doctor who is now attending to the Life Assured, if not the same as above :

____

6.4 Is the Life Assured still on follow-up for treatment? ☐ Yes ☐ No

Date of next follow-up : ____________ (dd/mm/yyyy)

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
					☐ Yes ☐ No

____________________ ____________________

Signature of Assured Date (dd/mm/yyyy)

(2024.03)

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

A member of the Tokio Marine Group

TOKIO MARINE
INSURANCE GROUP

PART 8: DECLARATION FOR COMMON REPORTING STANDARD (CRS)

8.1 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)

(2024.03)

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

A member of the Tokio Marine Group

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 agree that:-

(i) all answers and information given by me in this form are true and correct to the best of my knowledge, information, and belief;

(ii) I have neither withheld any material information nor omitted any relevant circumstances in respect of my illness, condition or accident;

(iii) the documents and bills submitted in support of my claim are either originals or scanned copies of the originals which are genuine documents received from the medical institution(s), and if scanned copies are submitted, I undertake to produce the original copies once requested of me;

(iv) If the answers and information given are not complete and Tokio Marine Life Insurance Singapore Ltd ("TMLS") requires additional information and/or documents, I undertake to provide the same to their satisfaction;

(v) I did not and will not file duplicate claims in regards to the subject matter for this claim with any other parties;

(vi) TMLS reserves the right to reject this claim, recover all amounts paid and/or impose additional charges on me, if the answers and information provided in this claim are found to be fraudulent, or if duplicate claims filed with any other parties. In such case, I will indemnify TMLS as to all their expenses, costs, and charges (including but not limited to any legal fees) in regards to their time, effort and attention to this claim or the recovery of any amounts paid, which I will recognize is a debt due and owing to TMLS;

(vii) TMLS shall not be deemed to have provided 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 directly and/or indirectly expose TMLS (or its parent company or holding company or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under International Law, United Nations resolutions or the trade or economic sanctions, laws or regulations of any applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;

(viii) where TMLS becomes aware that I, the Life Assured or any other person or entity connected with the Policy/relevant Policy is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned above, 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

(ix) 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 behalf, for my beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I will immediately inform TMLS if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

I hereby authorize:

(a) any medical source, insurance office, and/or organization when requested to do so by TMLS, to release any and all requested documents, or categories of documents and information concerning the answers provided herein, and in respect to my illness, condition and/or accident for which I have made this claim; and

(b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning myself and the answers provided herein at any time.

I confirm and agree that a photocopy of this authorization shall have the same effect as the original.

________________________ ________________________

Signature of Assured | Date

Name(s) : ________________________

NRIC No(s) : ________________________

Address(es) : ________________________

(Note: Our correspondence will be sent to your policy's mailing address. If you have moved, please update your mailing address via TMLS Policyholders Portal https://mypolicy.tokiomarine-life.sg before submitting this claim.)

Email Address : ________________________

Contact No(s) : (HP) ________________________

Relationship to Life Assured : ________________________

(2024.03)

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
A member of the Tokio Marine Group

INDIVIDUAL ACCIDENT CLAIM
DOCTOR'S STATEMENT

1 Name of patient : ______________________ NRIC / Passport No : ______________________
(as stated in NRIC/Passport)

2 **DETAILS OF ACCIDENT**

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

Place of accident : ______________________

(b) Describe in details how the accident happened :

____

____

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

____

____

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

3 Was the cause of patient's condition directly or indirectly due to:

(a) self inflicted injury e.g. voluntary causing hurt, attempt suicide ☐ Yes ☐ No

(b) any deliberate or intentional act of the patient, or putting oneself in danger if such an act could have been reasonably avoided ☐ Yes ☐ No

(c) pregnancy, miscarriage, childbirth, abortion, sterilization, contraception or treatment for infertility or any complications that may have been accelerated or induced by Injury ☐ Yes ☐ No

(d) any form of dental care or treatment ☐ Yes ☐ No

(e) any elective surgery, cosmetic or plastic surgery not necessitated by injury or illness ☐ Yes ☐ No

(f) any form of mental or psychiatric order ☐ Yes ☐ No

(g) alcohol, drug abuse or the use of unprescribed drugs where such drugs are required by law to be prescribed by a registered doctor ☐ Yes ☐ No

(h) treatment for congenital anomalies and physical defects ☐ Yes ☐ No

(i) Acquired Immuno Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection or any associated complications ☐ Yes ☐ No

(j) any communicable or infectious disease which has been announced as an epidemic by the local authority or pandemic by the World Health Organization ☐ Yes ☐ No

(k) engagement in aerial activities other than travelling as a fare-paying passenger or as a crew member on a licensed aircraft operated by a regular airline on a scheduled route ☐ Yes ☐ No

(l) engagement in hazardous sport(s) (e.g. scuba diving, sky diving, mountaineering, wrestling) ☐ Yes ☐ No

(m) participation as a professional in competitive sports ☐ Yes ☐ No

If any of the answer to question 3(a) to (m) above is **yes**, please provide full details :

____

____

______________________ ______________________

Hospital / Clinic Stamp Signature of Attending Doctor

Date (dd/mm/yyyy) ______________________ Name and Address / Qualification

(2024.03)

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

A member of the Tokio Marine Group

4 DETAILS OF CONSULTATION / TREATMENT

(a) Was the patient hospitalised as a result of the injuries caused by the accident as indicated in 2(b)? ☐ Yes ☐ No

If **yes**, please state the name of hospital and period of hospitalisation :

Name of Hospital : ____________________

Period of hospitalisation: From : ____________ (dd/mm/yyyy) To : ____________ (dd/mm/yyyy)

(b) Was the patient confined in an intensive care unit of the hospital? ☐ Yes ☐ No

If **yes**, please indicate the period of hospitalisation in the intensive care unit:

Period of hospitalisation in the intensive care unit:

From : ____________ (dd/mm/yyyy) To : ____________ (dd/mm/yyyy)

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

____

____

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

If **yes**,

(i) Please specify the tentative date of surgery : ____________ (dd/mm/yyyy)

(ii) Type of surgery performing :

5 DETAILS OF DISABILITY

<u>**Note :**</u>

- **Total disability refers to disability which prevents the patient from performing each and every duty of his/her occupation.**
- **Partial disability refers to disability which prevents the patient from performing one or more duties of his/her occupation.**

(a) (i) Please state the period of total disability From : ____________ (dd/mm/yyyy) To : ____________ (dd/mm/yyyy)

(ii) Was medical certificate issued for the above stated period? ☐ Yes ☐ No

If **No**, please provide reason(s) :

____

____

(iii) How and to what extent does the patient's total disability prevent him / her from performing all duties of his / her occupation?

____

____

Hospital / Clinic Stamp	Signature of Attending Doctor
Date (dd/mm/yyyy) ____________	Name and Address / Qualification

(2024.03)

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
A member of the Tokio Marine Group

TOKIO MARINE
INSURANCE GROUP

(iv) How long is the total disability expected to last? Please provide us with a tentative date.

____

____

(b) (i) Please state the period of partial disability From : ______________ (dd/mm/yyyy) To : ______________ (dd/mm/yyyy)

(ii) Was medical certificate issued for the above stated period? ☐ Yes ☐ No

If **no**, please provide reason(s) :

____

(iii) How and to what extent does the patient's partial disability prevent him / her from performing all duties of his / her occupation?

____

____

(iv) How long is the partial disability expected to last? Please provide us with a tentative date.

____

6 **ACTIVITIES OF DAILY LIVING ("ADL") FUNCTION**

Please tick as applicable in relation to the patient's ADL ability.

Notes:
"No assistance" means the patient requires no assistance to perform the ADL.
"Some assistance" means the patient requires some assistance /supervision to perform the ADL.
"Substantial assistance" means the patient requires assistance at least 75% of the time to perform ADL.
"Full assistance" means the patient is not able to perform the ADL even with the aid of special equipment, and always requiring the physical help of another person throughout the entire ADL.

(a) **Washing** – Ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

(b) **Dressing** – Ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical or medical appliances.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

(c) **Toileting** – Ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate so as to maintain a satisfactory level of personal hygiene.

______________________ ______________________
Hospital / Clinic Stamp Signature of Attending Doctor

Date (dd/mm/yyyy) ______________ Name and Address / Qualification

(2024.03)

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

A member of the Tokio Marine Group

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

(d) **Mobility** – Ability to move indoors from room to room on level surfaces.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

(e) **Transferring** – Ability to move from a bed to an upright chair or wheelchair and vice versa.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

(f) **Feeding** – Ability to feed oneself once food has been prepared and made available.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

____

____

7 Did the patient suffer any dismemberment and burns? ☐ Yes ☐ No

If **Yes**, please tick where applicable.

(a) Loss of or the total permanent loss of use of:

☐ 2 limbs ☐ 1 limb and the total permanent loss of sight of 1 eye

☐ 1 limb

(b) Sight - total permanent loss of:

☐ Sight in both eyes ☐ the lens of 1 eye

☐ Sight in 1 eye

______________________________ ______________________________

Hospital / Clinic Stamp | Signature of Attending Doctor

Date (dd/mm/yyyy) ______________________ | Name and Address / Qualification

(2024.03)

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

A member of the Tokio Marine Group

(c) Speech & hearing - total permanent loss of:

- ☐ speech and hearing
- ☐ hearing of both ears
- ☐ speech
- ☐ hearing of one ear

(d) Hand - loss of or the total permanent loss of use of:

- ☐ 4 Fingers and thumb of one hand
- ☐ Finger (3 phalanges per finger)
- ☐ 4 Fingers of one hand
- ☐ Finger (2 phalanges per finger)
- ☐ Thumb (both phalanges per thumb)
- ☐ Finger (1 phalanx per finger)
- ☐ Thumb (1 phalanx per thumb)

(e) Foot - loss of or the total permanent loss of use of:

- ☐ all toes of 1 foot
- ☐ great Toe – 1 phalanx
- ☐ great Toe – 2 phalanges
- ☐ Other than great Toe, each toe

(f) Leg:

- ☐ Fractured leg or patella with established non-union
- ☐ Shortening of leg by at least 5 cm

(g) Third degree burns:

Head – Damage as a percentage of total body surface area:

- ☐ equals to or greater than 2% but less than 5%
- ☐ equals to or greater than 5% but less than 8%
- ☐ equals to or greater than 8%

Body – Damage as a percentage of total body surface area:

- ☐ equals to or greater than 10% but less than 15%
- ☐ equals to or greater than15% but less than 20%
- ☐ equals to or greater than 20%

Hospital / Clinic Stamp

Date (dd/mm/yyyy) ______________________

Signature of Attending Doctor

Name and Address / Qualification

(2024.03)

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

A member of the
Tokio Marine Group

8 **MEDICAL HISTORY**

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

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

(b) Did the patient consult other doctors for injury / disability prior to consulting you? ☐ Yes ☐ No

If **yes**, please provide the name(s) and address(es) of the doctor(s) whom the patient's has consulted :

____

____

(c) Is the patient now, or was the patient before or at the time of accident, suffering from or affected by any illness or physical infirmity or disease which may be likely in any way to slow down the patient's recovery from it? ☐ Yes ☐ No

If **yes**, kindly state the nature and to what extent the recovery of the patient may be affected :

____

____

(d) Please comment the usual recovery time of the injuries if the patient did not have the above mentioned illness or physical infirmity or disease :

____

____

(e) 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 / Cause	Date of hospitalisation

9 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

(2024.03)

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

A member of the Tokio Marine Group

CONSENT FORM FOR MEDICAL REPORT

NAME OF PATIENT : ____________________

NRIC NO. : ____________________ POLICY NO. : ____________________

This consent form is required for an insurance claim.

Authorization

I hereby authorize:

(a) any medical source, insurance office, and/or organization when requested to do so by Tokio Marine Life Insurance Singapore Ltd ("TMLS"), to release any and all requested documents, or categories of documents and information concerning the answers provided herein, and in respect to my illness, condition and/or accident for which I have made this claim; and

(b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning myself and the answers provided herein at any time.

I confirm and agree that a photocopy of this authorization shall have the same effect as the original.

Yours faithfully

____

Signature of *Patient / Patient's Parent / Guardian

Name : ____________________

Address : ____________________

____

NRIC No. : ____________________ Relationship to patient : ____________________

* If the patient is below 21 years old, this form should be signed by the patient's parent / guardian

(2024.03)

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

A member of the Tokio Marine Group

AUTHORISATION FORM FOR CREDITING TO SINGAPORE BANK ACCOUNT

Policy No	
Type of Payment	Claims

Please select ONE option:

☐ **PayNow registered with Singapore NRIC/FIN**

- Please note that PayNow account registered with mobile number is not accepted.
- You may register for PayNow account using your Singapore NRIC/FIN via “Manage Paynow” in your internet banking or mobile banking application.
- If the PayNow transaction is unsuccessful, we will send you a cheque to your mailing address.

☐ **Electronic Fund Transfer to your Singapore Bank Account**

- Please attach a copy of your bank statement/passbook showing your name and bank account no. We accept bank statements with balance/transactions masked. Truncated e-statements downloaded from banks’ mobile application are also acceptable as long as the document shows the account holder’s name and account number on the same page.

Name of Singapore Bank	
Account No	
Bank Account Holder’s Name	

Declaration & Authorisation

I/We Hereby Authorise Tokio Marine Life Insurance Singapore Ltd to Credit The Amounts Due To Me/Us To The Above Requested Paynow/Bank Account, Where Applicable. Amounts so credited would constitute valid discharge of above payment due to me/us.

I/We understand and agree that:

a) Where I/we are eligible to receive payments from Tokio Marine Life Singapore Ltd (“TMLS”) for policy proceeds (“Payment”) as determined by TMLS, the Payment will either be credited to my/our bank account linked to my/our Singapore NRIC/FIN, which I/we have registered with a bank for PayNow or bank transfer (depending on option chosen above). For avoidance of doubt, Payment is not applicable to PayNow linked to your mobile or company UEN.

b) By completing this form, I/we declare it is my/our responsibility to ensure that all information submitted herein is correct and complete to the best of my/our knowledge. TMLS is not obliged to ensure that all information provided by me/us herein is accurate or that it remains true and accurate at the time of processing the Payment.

c) PayNow or the bank transfer service is not operated by TMLS and my/our access to and use of PayNow or for a bank transfer is subject to the availability of PayNow and their services and that of my/our bank for the bank transfer. TMLS does not warrant my/our use of PayNow or for a bank transfer and the use is subject to the relevant terms and conditions of PayNow and/or my/our bank.

d) I/we shall indemnify TMLS against all costs, damages and/or losses arising from or in connection with any breach by me/us of these terms or the terms and conditions imposed by my/our bank in relation to a bank transfer, or PayNow, or their service provider, my/our bank.

(2024.03)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street #07-01 Tokio Marine Centre Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120

A member of the Tokio Marine Group

e) TMLS shall bear no liability to me/us or any other party in the event the Payment is not made into my/our bank account otherwise, or the Payment being late, unsuccessful, or incomplete, or the suspension, termination, or discontinuance of PayNow or their services.

f) TMLS has the sole discretion to make Payment using any other method as it deems fit and TMLS shall be entitled to terminate or suspend the Payment of your policy proceeds to me/us, and/or to add to, delete, or change the terms herein at any time without notice, without liability to me/us.

g) 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.

h) Where TMLS becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in the paragraph above, 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.

i) 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.

j) A person who is not a party to this agreement shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of these terms.

k) These terms shall be governed by the laws of Singapore and the exclusive jurisdiction of the Courts of Singapore.

Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. 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 www.tokiomarine.com which I / we have read, understood and agreed to the same.

______________________________	______________________________
Signature of Assured	Date
Name: ______________________	NRIC No: ______________________
Email: ______________________	Mobile No: ______________________

(2024.03)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street #07-01 Tokio Marine Centre Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120

A member of the Tokio Marine Group