

## Group Dental Insurance Claim form

To enable us to process your claim promptly, please submit the following documents in order to us within one month from date of treatment.

- 1) Duly completed and signed claim form
- 2) All original bills and receipt

### Part 1

A. Employee's and Claimant's Details				
Policyholder (Employer)			Policy Number	
Insured Member (Employee)	NRIC / Passport No	Date of Birth	Sex [ ] F [ ] M	Date of Employment
Occupation	Email address		Contact No: (Office) (HP)	
Claimant (Dependant)	NRIC / Passport No	Date of Birth	Sex [ ] F [ ] M	Relationship [ ] Spouse [ ] Child
If treatment is resulted from an accident, please provide the following details:				
Date / Time of Accident		Place of Accident		
Describe how the Accident happened		Describe the injuries		
B. Claims Payment Details				
Claim cheque to be made payable to: (please specify one only):    [ ] Employer    [ ] Employee				
C. Declaration and Authorisation				
I / We hereby authorise any doctor(s) , hospital(s) or dentist(s) or other person who has attended to me / us, to disclose to HSBC Insurance (Singapore) Pte. Limited any and all information with respect to my / our medical conditions(s) / treatment(s). I / We also hereby declare that the information stated in this form are true and correct				
_____			_____	
Employer's signature / Company's stamp / Date			Employee's / Claimant's signature / Date	

### Part 2 - must be completed fully and accurately by the dentist

	D. Dental Surgeon Certification	FOR HSBC INSURANCE'S USE ONLY		
	TYPE OF SERVICES RENDERED	CHARGES	BENEFIT	AMOUNT PAYABLE
1)	Consultation / Examination	S\$		S\$
2)	X-rays per film	S\$		S\$
3)	Scaling & Polishing	S\$		S\$
4)	Fillings (per filling) - Simple	S\$		S\$
	- Complex	S\$		S\$
5)	Extraction - Routine / difficult extraction	S\$		S\$
	- Surgical extraction of wisdom tooth	S\$		S\$
6)	Medication	S\$		S\$
7)	Others (Please specify)	S\$		S\$
	TOTAL	S\$		S\$
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;">_____</div> <div style="width: 30%; text-align: center;">_____</div> <div style="width: 30%; text-align: center;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Signature of Dental Surgeon / Date</div> <div style="width: 30%;">Name / Designation</div> <div style="width: 30%;">Stamp of Clinic</div> </div>				