

Group Disability Income Claim Form

Part I and II of this form must be completed in full by the EMPLOYER and the CLAIMANT, accurately and fully and submit to HSBC Insurance (Singapore) Pte. Limited within thirty (30) days from date of disability.

Part I – Policyholder’s declaration (To be completed by employer)

A. Claimant’s particulars		
Name of policyholder / company	Policy no.	Membership no.
Name of employee	Employee’s job title	Date employee joined scheme
Precise details of employee’s duties	How long has he/she been employed in this capacity	

B. Sickness
1. When did employee suffer his/her disability?
2. Has the employee worked since date of disability?
3. What was the cause of his/her disability?
4. Please describe nature of his/her disability.
5. Will employee’s job be available once the disability ceased?
6. Please give details of employee’s salary before and after the disability.
<div style="display: flex; justify-content: space-between;"> Before Disability : After Disability : </div>

Declaration and authorisation

We declare that the above statements are true and correct to the best of our knowledge. The employee has not returned to work since the date that he suffered the disability and that is the sole reason for his absence.

We understand that the furnishing of this form and any other documents required is to assist HSBC Insurance (Singapore) Pte. Limited in expediting the assessment of this claim. HSBC Insurance (Singapore) Pte. Limited shall not be liable for any payment under this policy until it has been established that the benefit is payable.

Signature / Company’s Stamp / Date : _____

Name : _____

Designation : _____

Part II - Claimant's declaration (To be completed by employee)

A. Claimant's particulars				
Name (as in NRIC)	NRIC / Passport no.	Date of birth	Sex [] F [] M	Marital status
Home address			Telephone no. (Home):	
Postal code				
B. Sickness				
1. Please describe nature of your disability?				
2. What was the cause of the disability?				
3. Was it due to an accident? If so, please give a full description of what occurred.				
4. How does your disability prevent you from working?				
5. What treatment have you received in connection with your disability?				
6. What medication are you currently receiving?				
7. When do you expect to return to work, either on a full time or part-time basis?				
8. Is a driving license or any license necessary to perform your occupation's duties				

C. Other information	
1.	Name and Address of your attending doctor
2.	How long have you been his/her patient?
3.	Have you consulted any other doctor or received treatment in a hospital before? If so, please provide details.
4.	Date when the first symptoms of your disability commenced
5.	Date when you were first unable to perform your occupation
6.	Date of first medical consultation for this or any related condition
7.	Please provide details if you have ever had a previous period of disability due to this or a related cause.
8.	Which of your regular duties are you unable to perform as a result of your disability?
9.	Please give details of any work undertaken (paid or unpaid) since onset of disability.
10.	Are you receiving any form of remuneration during this period of disability? This includes any income from your employer or your own business.
11.	Are you claiming for any benefits from any other insurance companies?

C. Other information (cont'd)

12. Do you intend to seek compensation or instigate any legal proceedings against any person/company as a result of your accident or illness?

Declaration and authorisation

I hereby declare that the statements and answers given above are true and complete to the best of my knowledge and belief and that I have not made any false or fraudulent statement, any suppression and concealment of facts. I hereby authorise any hospital, doctor or other person who has attended to me or examined me for any reason, to disclose to HSBC Insurance (Singapore) Pte. Limited any and all information with respect to any illness or injury and, to provide HSBC Insurance (Singapore) Pte. Limited copies of all hospital or medical records, including prior medical history. A Photostat copy of this authorisation shall be considered as effective and valid as the original.

We understand that the furnishing of this form and any other documents required is to assist HSBC Insurance (Singapore) Pte. Limited in expediting the assessment of this claim. HSBC Insurance (Singapore) Pte. Limited shall not be liable for any payment under this policy until it has been established that the benefit is payable.

Employee's signature & date : _____

Part III - Private medical attendant's report (To be completed by the medical attendant)

A. Patient's personal details				
Name (as in NRIC)	NRIC / Passport no.	Date of birth	Company name	Occupation
Home address			Telephone no. (Home)	
Postal code				
B. Sickness				
1. Are you the patient's usual medical attendant? If so, how long has he/she been your patient and what did you treat him/her for?				
2. When did the patient first consult you for signs/symptoms of this disability?				
3. When was the patient first given leave of absence from work?				
4. Has your patient suffered any previous episodes of this disability? If so, please give details of dates and periods of absence from work.				
5. Is this disability related to any other condition from which your patient has suffered in the past? If so, please give details.				
6. Please describe your patient's current symptoms.				
7. Please provide a precise diagnosis of the patient's illness.				
8. Since the diagnosis/treatment of the patient's condition, has the patient's condition: (Please tick) a) Recovered [] b) Improved [] c) Not changed [] d) Deteriorated [] Please elaborate.				
9. What particular aspect of the patient's condition prevents him/her from returning to work?				
10. Are there any other circumstances, medical or otherwise which may delay your patient's recovery?				
11. Does your patient consult you frequently on his/her condition?				

