

Group Outpatient Insurance Claim Form

1. Please complete and submit this claim form with all original bills/invoices/receipts to us within 30 days from date of consultation.
2. Please use one (1) claim form for each claimant.

For **Outpatient Specialist / Diagnostic X-rays & Lab Tests** claims,

- A) Visit at Government / Restructured Hospitals
 - For 1st time visit, referral letter from Registered Medical Practitioner is required
 - Subsequent visit for the same medical condition, no referral letter is required
 - Copy of existing referral letter is required if claimant is claiming for existing medical condition from HSBC Insurance for the 1st time
- B) Visit at Private Hospitals / Specialist Clinics
 - For 1st time visit, referral letter from Registered Medical Practitioner is required
 - Referral letter is valid for **one (1) year** from date of referral. Thereafter, claimant has to submit new referral letter for specialist visit

A. Employee's and Claimant's Details				
Policyholder (Employer)			Policy Number	
Insured Member (Employee)	Date of Employment	NRIC / Passport No	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
Occupation	Email address	Contact Number (Office): (HP):		
Claimant (Dependant)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	NRIC/ Passport No	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
B. Claims Details			FOR HSBC INSURANCE'S USE ONLY	
Nature of Illness / Diagnosis / Injury	Date of Treatment	Amount Incurred	Amount Payable	Claim No. / Product Type
(1)		S\$	S\$	
(2)		S\$	S\$	
(3)		S\$	S\$	
C. Claims Payment Details				
Claim cheque to be made payable to: (please specify one only) <input type="checkbox"/> Employer <input type="checkbox"/> Employee				
D. Declaration and Authorisation				
I / We hereby authorise any doctor(s) , hospital(s) or any 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 signature / Date	
FOR HSBC INSURANCE'S USE ONLY				
Benefits Limits by Product type:	Balance	Amount Payable		
(1)	S\$	S\$		
(2)	S\$	S\$		
(3)	S\$	S\$		
Processed by:	Approved by:	Total Amount Payable: S\$		

Issued by **HSBC Insurance (Singapore) Pte. Limited**. (Reg. No. 195400150N)
 21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30 am to 5 pm. www.insurance.hsbc.com.sg
 Customer Care Hotline: (65) 6225 6111 Fax: (65) 6221 2188

Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038