

## Hospitalisation Claim Form

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

1. Hospitalisation Claim Form (duly completed and signed by policyowner)
2. 2 Clinical Abstract Application Forms
3. Copy of Board & Room Invoice from attending Hospital
4. Copy of Medical Report/Inpatient Discharge Summary/Doctor's memo (if any)

For any queries, please contact your Financial Planner or our Customer Service Officers at (65) 6225 6111.

**Note:**

- i. The claim will only be processed upon receipt of all relevant documents. Should additional documents be required, we will contact you.
- ii. The Hospitalisation Claim Form must be completed and returned to us within 30 days after leaving the hospital.
- iii. Additional medical report fee incurred during the process of the claim is at the expense of the claimant.
- iv. The Company does not admit liability by the mere issue of the claim form.

“The Company” refers to HSBC Insurance (Singapore) Pte. Limited.

For Takaful policy, please read “certificate” for policy, “certificate holder” for policyowner, “wakil” for financial planner, “participant” for life insured, “takaful benefit” for sum insured.



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

**Hospitalisation Claim Form**

<b>(A) Personal particulars</b>			
Policy no.:		Name of policyowner:	
Name of life insured:		Relation to policyowner:	
NRIC no.:	Date of birth:	Sex:	Telephone:
Residential Address:			
<b>(B) Please give details of the hospitalisation</b>			
1. Name of hospital:			
2. Admission no.:			
3. Name and no. of ward:			
4. Name of doctors who treated life insured in hospital:			
5. Hospital's diagnosis:			
6. What surgery(s) was/were done?			
7. Tick if life insured had: <input type="checkbox"/> X-ray <input type="checkbox"/> ECG <input type="checkbox"/> Blood Tests <input type="checkbox"/> Other investigations Please specify :			
8. Was the life insured pregnant at the time of hospitalisation? If so, for how many months?			
<b>(C) Please complete if hospitalisation was due to accident:</b>			
a. When did it happen?	a. Date _____	Time _____	
b. Describe briefly how it happened.	b.		
c. Describe briefly the injuries.	c.		
<b>(D) Please complete if hospitalisation was due to illness:</b>			
a. Give a brief description of life insured's symptoms.	a.		
b. How long had Life Insured been having these prior to admission to hospital?	b.		
c. Give details of consultations.	c.	<u>Date</u>	<u>Name &amp; address</u>
(i) The doctor first consulted for this illness.			
(ii) The doctor who referred the Life Insured to hospital.			
(iii) All other doctors consulted during this illness.			
(iv) Doctors seen for any similar condition in the past.			
<b>(E) Declaration &amp; authorisation</b>			
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 photocopy of this authorisation shall be considered as effective and valid as the original.			
Signature of witness		Signature of policyowner	
Name :		Date :	
NRIC no. :			
Date :			

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**Clinical Abstract Application Form**

**Instructions**

1. This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next-of-kin (if patient is deceased), and be duly witnessed.
2. This form is to be submitted with the appropriate report fee.
3. The release of the medical report is subject to official approval.

Medical Superintendent

\_\_\_\_\_ Hospital

Singapore \_\_\_\_\_

I, \_\_\_\_\_ NRIC No. \_\_\_\_\_  
(Name)

of \_\_\_\_\_  
(Address)

hereby authorise you to furnish **HSBC Insurance (Singapore) Pte. Limited** of 21 Collyer Quay, #02-01, Singapore 049320, with a medical report on

\_\_\_\_\_ NRIC/Hospital Registration No. \* \_\_\_\_\_  
(Name of patient)

who was treated at the hospital as a patient in the department of \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_.

The medical report is required for the purposes(s) specified below:

\_\_\_\_\_  
\_\_\_\_\_

Besides the medical report fee I undertake to pay any additional charges such as X-ray and Laboratory Investigation Charges which may be incurred in the preparation of the medical report.

\_\_\_\_\_  
Signature of patient / parent / next-of-kin

\_\_\_\_\_  
Name (in block letters)

\_\_\_\_\_  
Relation to patient

**Duly Witnessed By:**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name (in block letters)

\_\_\_\_\_  
NRIC No.

\_\_\_\_\_  
Address

For official use

Application is approved / not approved

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Name and designation of approving officer

\* Delete as appropriate

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**Duly Witnessed By:**

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Signature of witness

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Name (in block letters)

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NRIC No.

\_\_\_\_\_  
Address

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Signature and date

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