



Accident Claim Form

In order for us to process your claim, please submit the following:

1. Accident Claim Form (duly completed and signed by Claimant)
2. 2 Clinical Abstract Application Forms
3. Copy of Medical Certificate
4. Medical Reports from attending doctor(s)
5. Copy of Newspaper report (if any)
6. Copy of Police Report (if any)
7. Copy of ID / Identification document of Claimant

For any queries, please contact your Financial Consultant or our Customer Service Officers at (65) 6880 4888.

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 Accident Claim form must be completed and returned to us within twenty (20) days from date of accident.
- 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.
- v. We aim to settle most claims within 8 working days on receipt of all required documents. Please note that more time may be needed for claims which require further clarification. We will keep you closely updated on the status.

"The Company" refers to HSBC Life (Singapore) Pte. Ltd.

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for financial consultant, "participant" for life insured, "takaful benefit" for sum insured.

HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
 www.hsbc.life.com.sg
 Customer Care Hotline: (65) 6880 4888 Email: e-surance@hsbc.com.sg
 Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Accident Claim Form

(A) Personal particulars			
Policy number:		Name of Claimant:	
NRIC no.:	Date of Birth:	Sex:	Telephone no.:
Residential Address:			
(B) Details of occupation(s) of Life Insured			
Present occupation (if more than one, state all):			
Name of present employer:		Telephone no.:	
		Address:	
List exact duties performed at work:			
Did the Life Insured submit a medical leave certificate to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(C) Nature of claim & related details			
Date and time of accident:			
Nature of accident (State in detail, how and where it happened).			
Describe in detail the injuries sustained, indicating the part of the body injured and the type of injury (e.g. fracture, cut, bruise, etc.).			
Name and address of doctor(s) who treated the Life Insured for the injury and the Date consulted.			
Details of hospitalisation: (Please attach Discharge Note)			
a. Name of hospital			
b. Period of hospitalisation		From _____ to _____	
Date on which the Life Insured last worked prior to disability			
Date on which the Life Insured returned to work			
Date on which the Life Insured expect to return to work if he/she has not already done so			

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If after the Life Insured has returned to work but not able to perform all his/her duties immediately, indicate :

a. Date that the Life Insured returned to work

b. Details of duties the Life Insured was not able to perform immediately

c. Date on which the Life Insured was finally able to perform all his/her duties

Is the Life Insured presently insured for accident benefits with other insurers? If so, please state :

Name of insurer

Amount of benefits

(D) Payment Option (Not applicable for policies bought under CPF Investment Scheme and Supplementary Retirement Scheme Accounts)

Please indicate the option you wish to receive your payment:

☐ ^ PayNow NRIC No.: _____ ^ Your Singapore NRIC number must be linked to a PayNow account.

☐ Cheque ☐ Self-collect at Customer Service Centre (38 South Beach Road, #03-11, South Beach Tower, Singapore 189767)

☐ * Direct credit into my bank Name of Bank : _____
Account Number : _____

* For payment via Direct Credit, bank charges, currency exchange and all other incidental costs related to the transfer will be borne by you. If the Direct Credit option is selected, please submit a scan/image of your bank statement, clearly showing your full name, bank account number and bank's logo/ emblem for account ownership verification.

We will send a cheque to you if:

- 1) "PayNow" option is selected but you have indicated a mobile number/ FIN number, or your Singapore NRIC number is not linked to a PayNow account.
- 2) "Direct Credit" option is selected and
 - you have indicated a bank account belonging to a third-party or
 - you have NOT submitted a clear image/copy of bank statement with all required information in a language we support
- 3) No payment option is selected

(E) Declaration & 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/the Life Insured or examined me/the Life Insured for any reason, to disclose to HSBC Life (Singapore) Pte. Ltd. any and all information with respect to any illness or injury and to provide HSBC Life (Singapore) Pte. Ltd. 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.

I understand and acknowledge that the personal data which I am submitting is being collected for the purposes stated in the Company's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) and consent to the collection, use and disclosure of my personal data accordingly.

Signature of Policyowner / Trustee / Assignee

Name :

Date :

Signature of Witness

Name :

ID 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. Please scan and upload completed form.
- Note: Any medical report fee (if applicable) will be borne by the claimant. 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 Life (Singapore) Pte. Ltd.** of New Business/Claims team, 10 Marina Boulevard, Marina Bay Financial Centre Tower 2, #48-01, Singapore 018983, with a medical report on

 (Name of patient) NRIC/Hospital Registration No. * _____
 who was treated at the hospital as a patient in the department of _____ from _____
 to _____.

The medical report is required for the purpose(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.

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Signature of patient / parent / next-of-kin

Name (in block letters) : _____

Relation to patient : _____

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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