

**Work Injury Compensation Claim Form**  
**Policy/ Certificate No.**

You Do Not need to complete this claim form, if you have a copy of the MOM iReport.  
All questions must be fully and accurately answered.

**A. POLICY INFORMATION**Policyholder's Full Name Email  Telephone No. Total no. of Employees Is your company GST Registered? Yes  No **B. CLAIMANT DETAILS**Full Name NRIC / FIN No.  Mobile No. Nationality  Date of Birth Occupation  Date of Employment 

Is the claimant in your direct employment?

Yes  No  please provide, name and address of direct employer No. of working days per week  5 days  5 ½ days  6 days  others, please specifyAverage Monthly Earnings (12 months before the accident) **C. LOSS DETAILS**Date and Time of Accident: Date:  Time: Location of Accident Is this a project site? No  Yes  Main contractor Name: Description of Accident

Description of Injury Sustained (e.g. body part injured, injury type)

Are you satisfied the injured has met with a bona fide accident arising out of his/her employment?

Yes  No  please provide details.

Was the injured under the influence of alcohol or drugs at the time of accident?

No  Yes  please provide details.

Medical Treatment: Inpatient  Outpatient

Name of hospital / client taken to

Have the claimant returned to work?

No  Yes  please provide date:

#### D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name

Bank Code

Account No.

Branch Code

Email (for payment notification)

#### E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

*[Declaration]* I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

*[Authorisation]* Where applicable, I / We hereby consent to and authorise the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to HSBC Life (Singapore) Pte. Ltd. I/ We agree that a copy of this consent shall have the validity of the original.

*[Customer's Data Privacy Consent]* In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at [www.hsbc.com.sg](http://www.hsbc.com.sg) ("Purposes").

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Policyholder

(Please also provide Company Stamp for corporate policy)

## F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Medical Certificates
- Original Final Hospital/ Medical Bills
- Medical Reports/ Inpatient Discharge Summary - if any
- Police Report/ Accident Report – for traffic accident claim, etc.
- Death Certificate – only for death claim.
- Contract agreements if accident occurred at project site
- Work Permit
- Wage Payment vouchers – 12 month before accident
- Wage Payment voucher during medical leave

## G. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



[www.hsbclife.com.sg](http://www.hsbclife.com.sg)  
(Claim Section)



+65 6880 4888



[cst@mail.life.hsbc.com.sg](mailto:cst@mail.life.hsbc.com.sg)

HSBC Life is committed to making your claim submission simple and easy.  
Thank you for insuring with HSBC Life, we are proud to serve you.