

Critical Illness*(CI)/Total & Permanent Disability (TPD)/Accident/Hospital & Surgical(H&S)/Biennial Health Benefit (BHB)/Unemployment Benefit (UB)/ HSBC Life Shield Rider Claim Form

POLICY NUMBER

Important Notes

1. This form is to be completed by the policyholder. Please ensure that your signature tallies with the signature that is provided to our Company.
2. To enable us to process your claim promptly, please ensure that the form is fully completed.
3. We reserve our rights to request for additional information or documents, if needed.
4. For Hospital & Surgical and HSBC Life Shield Rider Claims, HSBC Life accepts photocopy /scanned copy of the original final hospital bill and medical invoices. Please keep the original medical bills/invoices for 6 months from the date of claims submission as HSBC Life reserves the right to request for the original final hospital bill and medical invoices for audit and verification purposes. In the event of fraud or where similar claims were made against multiple insurers, HSBC Life reserves the rights to recover the amounts disbursed to the policyholder.
5. If you have any questions while completing this form, please contact our Customer Service Centre at +65 6880 4888.
6. For Hospital & Surgical, and HSBC Life Shield Rider Claims, please submit the claims electronically via our HSBC Life SG app.
7. For other claims, you can submit this form through any of the following methods:
 - a) By Email to cc.life@mail.life.hsbc.com.sg (except for Hospital & Surgical, and HSBC Life Shield Rider Claims)
 - c) Via your Servicing Financial Planner
8. *For Critical Illness Claim, please use the Attending Physician Statement available on our HSBC Life website for the specific Critical Illness that you are claiming for

1. Life Assured's Information

Full name of Life Assured

2. Claim Type

<input type="checkbox"/> TPD	<input type="checkbox"/> H&S	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> CI*	<input type="checkbox"/> BHB (Please complete section 5)	<input type="checkbox"/> UB (Please complete section 6)	<input type="checkbox"/> Shield Rider	<input type="checkbox"/> OTHERS, please state: _____
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3. Current claim

Diagnosis

Date of diagnosis

Date of hospital admission & discharge

Date of first consultation

Name and address of hospital / clinic

Date symptoms presented & duration of symptoms

Do you have any insurance policies with other insurers? ☐ Yes ☐ No

If yes, please provide the following information :-

Name of Insurer	Type of Policy	Sum Assured	Commencement Date	Have you file your claim with the insurer (Y/N)

4. Complete this section if claim is due to an accident

Date & Time of accident

Place of Accident

Describe how the accident occurred

Diagnosis (For Gastroenteritis, please submit doctor's memo to state the underlying cause eg. is it due to food poisoning)

Reminder : Simple memo from TCM/ General Practitioner to state the date and cause of the accident, diagnosis and nature of treatment is required for all outpatient accident claims.

5. Complete this section for Biennial Health Benefit

I confirm that I am submitting the Biennial Health Benefit for (please tick one only)

<input type="checkbox"/> Life Assured of this policy	
<input type="checkbox"/> Transfer to another person	
Name	
NRIC/Passport	
<p>Terms and conditions:</p> <p>1) To make a claim, please submit the following documents to us:</p> <p>(a) Original tax invoice and</p> <p>(b) Reimbursement form - Biennial health benefit, duly completed and signed by policy owner.</p> <p>Forms are available for download from our website.</p> <p>2) This benefit can be transferred to anyone by endorsement from the policy owner, reimbursement of the health check-ups expenses will only be paid to our policy owner even though the benefit has been transferred to another person.</p> <p>3) We will only reimburse expenses incurred for health check-ups of the Life insured or the endorsed party, at any hospital or clinic in Singapore only.</p> <p>4) Sharing of the Biennial health check-up benefit by 2 parties or more is not allowed.</p>	

- 5) The maximum reimbursement amount will be the (a) tax invoice amount OR (b) up to the maximum amount as stated in your policy contract (depending on the sum assured of your policy), whichever is lower. Any unused amount cannot be exchanged for encashment.
- 6) This benefit must be utilised within 6 months from the date of receiving this Biennial health benefit letter else it will be automatically expired.
- 7) This is an additional benefit that does not reduce the sum assured of any benefit in this policy.

6. Employment Information

Employer's name and address	
Occupation	
List Job Duties	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please state date and reason of Termination of Employment _____
Declaration (only applicable for Unemployment Benefit Claim)	<input type="checkbox"/> I am currently unemployed and not engaged in any full-time or part-time employment since last termination. <input type="checkbox"/> I have started working for a new employer. Employment commencement date _____ <input type="checkbox"/> I am still unemployed but have accepted a job offer. Employment commencement date _____

7. Your Contact Details*

Mobile phone number

Email address

*If you want the above contact details to be updated in our system, please submit a separate Service Request Form or contact our Customer Service Officer at cc.life@mail.life.hsbc.com.sg.

8. Settlement method (please tick 1 box only)

☐ PayNow with registered Singapore NRIC/FIN

By selecting this option, I confirm that I have registered with PayNow and I have linked my Singapore NRIC/FIN to my bank account ('PayNow Account') whereby I am the legal and beneficial owner of the PayNow Account. I hereby authorise and instruct the Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I agree and acknowledge that a cheque for the payment will be issued to me. Where the PayNow Account is a joint account, I agree and acknowledge that any payment deposited into such PayNow Account as I have instructed, shall constitute full and final discharge of the Company's liability towards me.

NOTE: PayNow will only be applicable for payment up to **S\$200,000** and payable to policyholder/ trustee/ assignee within 1 working day after the claim is approved by HSBC Life.

☐ Direct Credit (DC)

- We require a scan/image copy of your bank statement, clearly showing your full name, bank account number and bank's logo/emblem for account ownership verification.
- For Singapore Dollar Policy only.
- Please complete the Bank information below:

Bank Name	Bank Account Holder (as shown on your Bank Book or Statement)

Bank Code	Branch Code	Bank Account Number

iv. Important Notes:

- Payment via Direct Credit takes about 1 working day after the claim is approved for DBS/POSB customers, and 2 working days for all other banks;
- We do not Direct Credit into 3rd party's Bank Account;
- In the event if Direct Credit is unsuccessful, we will issue a cheque within 7 working days and post it directly to your mailing address.

☐ Telegraphic transfer (TT):

This is applicable for foreigners only;

- Bank charges would be borne by you;
- Please note that we do not TT to a country other than your country of residence as per our records.

Payee Name	
Bank Name	
Bank Code	
Branch Code	
Account Number	
Swift Code	
Switch Branch	
Bank Address	

9. Declarations & Authorisation

I declare that:

1. The information that is disclosed on this claim form is true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted.
2. I am not an undischarged bankrupt(s) and I have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me during that period.
3. I HEREBY AUTHORISE any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Life Insured _____ of _____ (NRIC No/ Birth Certificate No/

Passport No for foreigner only) to disclose and make available to HSBC Life such details and records as may be requested by the Company.

4. In the event the I am certified by my doctor to be mentally incapacitated and unable to handle my own financial affairs, HSBC Life reserves the rights to request for the Lasting Power of Attorney (LPA) and pay the claims proceeds to my appointed Donee; or the Court Order if no LPA has been made.
5. HSBC Life has a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. If I am not a tax resident of the jurisdiction in which the policy, contract or product is issued (a "Cross Border Transaction"), HSBC Life may, in accordance with applicable laws and regulations, disclose to my home country tax and/or other governmental authorities, my identity and certain information concerning the policy or contract that is the subject of this claim and I hereby consent and agree that HSBC Life, in their discretion, make such disclosure.
6. The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the owner of such personal data to provide such information.
7. By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, 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) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by HSBC Life that may be of interest to me by post and e-mail and
☐ By telephone ☐ By text message
8. I am happy to receive customer service communication by e-mail and/ or SMS instead of hard copies by post.
9. I further agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this form shall be treated as valid and binding as if it were the original.

Signature of Policyholder

Date

10. Document Requirements

Mandatory documents: -

Please tick against the documents you have submitted together with this claim form. If the mandatory documents are not submitted, your claim will only be processed upon receipt of the full documents. We reserve the right to determine if any of the documents below can be waived.

1. HOSPITAL & SURGICAL CLAIM

- ☐ Copy of Hospital bills
- ☐ Copy of Hospital bills and receipts and Copy of Settlement letter from Insurer/ Employer (if claiming balances from HSBC Life)
- ☐ Copy of Inpatient Discharge Summary Report. If policy duration is > 1 year and claim amount > S\$2,000.00
- ☐ Attending Physician Statement if policy duration is < 1 year. For acute illnesses, we may accept a copy of the Inpatient Discharge Summary Report. Note : Copy of Hospital bill if claiming for Daily Room & Board, Daily Intensive Care Unit and Surgical Benefits only under Prime Care policy

2. CRITICAL ILLNESS CLAIM

- ☐ Attending Physician Statement (APS) (Please use the appropriate APS based on the Critical Illness which you are claiming)
- ☐ Laboratory Reports
Eg. Histopathology Report and MRI/PET Scans for Cancer Claim, MRI/CT/PET Scan for Stroke Claim, ECG/ Cardiac Enzymes & Troponin Test results for Heart Attack Claim, Coronary Angiogram and Operation Report for Coronary Artery Bypass Claim

3. TOTAL & PERMANENT DISABILITY CLAIM

- ☐ Attending Physician Statement; and Laboratory Reports, if any

4. ACCIDENT CLAIM

- ☐ Copy of Hospital /Clinic bills for medical reimbursements
- ☐ Photocopy of Medical Certificate if you are also claiming for Weekly Indemnity for Temporary/ Total/Partial Disablement Benefit
- ☐ For all outpatient accident claims, simple memo is required from General Practitioner/ TCM/ Chiropractor/ Physiotherapist/ stating your date and cause of the accident, diagnosis and nature of medical treatment
- ☐ For inpatient accident claims, Attending Physician's Statement/Inpatient Discharge Summary Report is required if policy duration is ≤ 30 days
- ☐ Police Report (if any)

5. MUMCARE/ MUMCARE PLUS CLAIM

(i) Hospital Care Benefit for Mother and/or Child

- ☐ Copy of Hospital bill
- ☐ Attending Physician Statement /Inpatient Discharge Summary Report if policy duration is < 1 year

(ii) Pregnancy Complications Benefit & Congenital Illness Benefit

- ☐ Attending Physician Statement; and Laboratory report (if any)

6. SHIELD RIDER CLAIM

- ☐ Copy of Hospital bills
- ☐ Copy of Inpatient Discharge Summary Report/Diagnostic report eg. CT Scan/MRI etc

7. BIENNIAL HEALTH CLAIM

- ☐ Original Tax Invoice

8. UNEMPLOYMENT BENEFIT CLAIM

- ☐ Termination letter from Employer on Company Letterhead
- ☐ Last 12 months of Central Provident Fund Statement

10. Track Your Claim Status

* Once your claim is registered, you will be updated through SMS upon receipt and approval of your claim, if you have any query on your claim, please reach us on: -



Your Financial
Planner



+65 6880 4888



cc.life@mail.life.hsbc.com.sg

For Hospital & Surgical Claim, and HSBC Life Shield Rider Claim, you can check your claim status via HSBC Life SG App.

HSBC Life is committed to making your insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.