AXA redefining / standards

AXA INSURANCE PTE LTD
www.axa.com.sg

POLYTECHNIC GHSI CLAIM FORM

Please complete this form fully. Incomplete forms may delay claim settlement.
Claims should be submitted within 30 days of treatment.
If you need more time to prepare the documents, please submit the "Claim Notification" online form at www.mycg.com.sg/poly-ghsi.

CLAIMS PROCEDURE	CONTACT INFORMATION
1. Complete this Claim Form. 2. Prepare/obtain the documents required in the Checklist below. 3. Keep a photocopy for your records. 4. Send the documents to "1 Coleman Street, #10-09A The Adelphi, Singapore 179803" for processing. 5. For follow-up claims, please post the original bills to MYCG with a note attached stating "Follow-up Claim", the "Student's Full name" and "Name of Polytechnic". 6. Generally, claims will be processed within 30 days after receipt of complete documents and information. The student will be notified of the result of the claim by email. For approved medical expense claims, the reimbursement will be credited into the student's bank account.	**Send form to MYCG PTE LTD:** Add : 1 Coleman Street, #10-09A The Adelphi, Singapore 179803 Tel : (65) 6635 2160 Fax : (65) 6635 2161 Email : customercare@mycg.com.sg Web : www.mycg.com.sg/poly-ghsi

TYPE OF CLAIM	DOCUMENTS REQUIRED (CHECK LIST)
☐ Hospitalisation and/or Surgical	☐ Completed Claim Form ☐ Original Final Hospital Bill (the hospital will usually send the final bill to the patient about 2 to 3 weeks after discharge) ☐ Original Pre and Post Hospitalisation/Surgery Bills ☐ Discharge Summary/Day Surgery Authorisation Form ☐ Copy of Referral Letter / A&E Memo ☐ Copy of Test Written Reports eg. x-ray, MRI (if any)
☐ Outpatient Specialist ☐ A&E ☐ Mental Health	☐ Completed Claim Form ☐ Original Medical Bills ☐ Copy of Referral Letter / A&E Memo ☐ Copy of Test Written Reports eg. x-ray, MRI (if any)

POLICY NO. / POLYTECHNIC (Select One)

Period of Insurance: 1 April 2017 to 31 March 2019

☐ Q0017702 – Nanyang Polytechnic
☐ Q0017703 – Ngee Ann Polytechnic
☐ Q0017704 – Republic Polytechnic
☐ Q0017701 – Singapore Polytechnic
☐ Q0017705 – Temasek Polytechnic

SECTION A DETAILS OF INSURED PERSON (STUDENT)

Name of Insured Student (please write in capitals, as per bank account)		FIN Number	Date of Birth
E-mail		Mobile/Telephone No.	Gender ☐ Male ☐ Female
Address (in Singapore)		Polytechnic Course of Study	Student ID No.
Are you a Full-Time or Part-Time Student ☐ Full-Time ☐ Part-Time	Were you or are you now on Leave of Absence (LOA) from the Polytechnic? If so, please state period of LOA.	Date of Admission to Polytechnic	Expected Date of Graduation

SECTION B DETAILS OF STUDENT'S BANK ACCOUNT – Reimbursement for approved claims will be credited into the student's bank account. Please DO NOT state the bank details of another person. Please contact MYCG at customercare@mycg.com.sg for alternative arrangements.

Bank Name (please tick) ☐ DBS/POSB ☐ UOB ☐ OCBC ☐ ____________	Account Number (please write clearly)

SECTION C DETAILS OF ILLNESS

Description of Illness/Symptoms/Final Diagnosis	Date Symptoms First Noticed	
Description of Treatment/Name of Surgery	Date First Treated	Hospitalisation Period

SECTION D DETAILS OF ACCIDENT

Description of Accident (Please state in detail how it happened)	Place of Accident	Date of Accident	Time of Accident
Description of Injury (Nature and extent of injury sustained)	Description of Treatment/ Name of Surgery	Hospitalisation Period	Is this a work-related injury ☐ No ☐ Yes

SECTION E OTHER INFORMATION

Has the illness been treated before? Has the same part been injured before? ☐ No ☐ Yes, please state date first occurred	Name & Address of Attending Doctor/Clinic/Hospital
Are you making a claim for this treatment from any other insurance company? ☐ No ☐ Yes, please state name of insurer	

SECTION F DECLARATION & AUTHORISATION

I hereby authorise any hospital, physician, person or organisation who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Singapore Pte Ltd any and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, of if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.

Signature of Insured Student	**Date**

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MYCG 01042017