AXA INSURANCE SINGAPORE PTE LTD
☎ (65) 6338 7288
(65) 6338 2522
www.axa.com.sg

redefining / standards

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 notify MYCG by email.

POLYTECHNIC GHSI CLAIM FORM

CLAIMS PROCEDURE	CONTACT INFORMATION
1. Please complete this Claim Form. *2. Prepare/obtain the documents required in the Checklist below.* *3. Keep a photocopy for your records.* *4. Post the documents to "MYCG, 15 Jalan Rumia, Holland Village, S(277982)"* 5. *Notification of the claim result or follow-up requirements will be sent to the claimant by email.*	**MYCG PTE LTD** 15 Jalan Rumia, Holland Village, Singapore 277982 T: (65) 6476 3829 / 9762 2062 F: (65) 6338 2522 E: polys@mycg.com.sg www.mycg.com.sg/polys

TYPE OF CLAIM	DOCUMENTS REQUIRED (CHECK LIST)	POLICY NO. / POLYTECHNIC (Select One)
☐ 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 ☐ Signed Letter of Indemnity (if LOG was used)	**Period of Insurance: 1 April 2011 to 31 March 2013** ☐ Q0017702 – Nanyang Polytechnic ☐ Q0017703 – Ngee Ann Polytechnic ☐ Q0017704 – Republic Polytechnic ☐ Q0017701 – Singapore Polytechnic ☐ Q0017705 – Temasek Polytechnic
☐ Outpatient Specialist, A&E or Mental Health	☐ Completed Claim Form ☐ Original Medical Bills ☐ Copy of Referral Letter (for Specialist/Mental Health claims)	

SECTION A DETAILS OF INSURED PERSON (STUDENT)

Name of Insured Student (please write in capitals, as per bank account)	NRIC/FIN No.	Date of Birth
E-mail	Student ID No.	Date Joined the Polytechnic
Address (in Singapore)	Mobile/Telephone No.	Gender ☐ Male ☐ Female

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 polys@mycg.com.sg for alternative arrangements.

Bank Name (please tick)	Branch	Account No.
☐ DBS/POSB ☐ UOB ☐ OCBC ☐ _____		| | | | | | | | | | | | | | | |

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 (how it happened)	Place of Accident	Date of Accident	Time of Accident
Description of Injury	Description of Treatment/ Name of Surgery	Hospitalisation Period	Is this a job-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**

FOR OFFICIAL USE ONLY

Verified by Polytechnic that Claimant is a registered full-time student of the Polytechnic and eligible for coverage under the GHSI at the time treatment was obtained ☐ No ☐ Yes Authorised Signature : Name & Designation : Polytechnic Stamp :	For Polytechnic Staff, if you wish to be copied in our correspondence with the student, please state: Name: E-mail: Contact No.:	Notes

MYCG 01042011