

CRITICAL ILLNESS / TERMINAL ILLNESS / FEMALE CONDITION CLAIM PROCEDURE

Documents Required

1. Critical Illness / Terminal Illness / Female Condition Claim Form.
2. Medical Specialist Report (report fee to be borne by Claimant).
3. Copy of Medical Document (refer to the last Section of the respective Medical Specialist Report).
4. Copy of the bank book or bank statement stating account holder name and number must be provided if the selected payment method is direct credit or Telegraphic Fund Transfer.

Important Notes

- a. Medical Specialist Report must be completed by your Medical Specialist and the Medical Report fee will be borne by you.
- b. All documents submitted must be in English. Any document that is not in English must be accompanied by an English translated copy of the document made by a certified translator/interpreter.
- c. All questions in Critical Illness / Terminal Illness / Female Condition Claim Form must be fully answered. The Company reserves the right to require or obtain further information, if deemed necessary.
- d. The Critical Illness / Terminal Illness / Female Condition Claim Form must be signed using the same signature as in AIA Singapore's records.

Submission Of Documents

All claims required documents can be submitted to AIA Singapore. You may submit the claim application together with all of the requirement to AIA Singapore in any of the following way:

- By postal mail to AIA Singapore Claims Department at
AIA Singapore Claims Department
3 Tampines Grande #09-01
Singapore 528799
Attention: Claims Department (Individual Life & Health)
- Contact your servicing insurance adviser to assist you.

Submit your claim application in person at [AIA Singapore Customer Service Centres](#)

- Finlayson Green at **1 Finlayson Green, Singapore 049246**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays
- AIA Tampines at **3 Tampines Grande, Singapore 528799**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays



AIA SINGAPORE CRITICAL ILLNESS / TERMINAL ILLNESS / FEMALE CONDITION CLAIM FORM

(To be completed by Insured or Policy Owner if Insured is a minor)

(A) POLICY DETAILS			
Policy Number(s):			
(B) PARTICULARS OF INSURED			
Insured's Full Name:		NRIC/FIN/Passport No.	
Mailing Address:			
(C) NATURE OF CLAIM AND RELATED DETAILS			
a. Which critical illness are you claiming for?			

b. Describe the symptoms, including duration and date of onset			

(D) RECORD OF MEDICAL CONSULTATION			
a. Please provide the details of all doctors or specialists whom you have consulted in connection with this illness/injury:-			
Name of Doctor	Name and Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reason(s) for Consultation
b. Please provide the details of your regular doctor and company doctor whom you have consulted for minor ailments (e.g. flu, cough, fever), high blood pressure, high cholesterol, diabetes etc.:-			
Name of Doctor	Name and Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reason(s) for Consultation

AIA Singapore Private Limited (Reg. No. 201106386R)
AIA Singapore Claims Department, 3 Tampines Grande
#09-01, Singapore 528799



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(E) OTHER INSURANCE

a. Are you insured for similar benefits with any other Company? If 'Yes', please give full details:

Name of Insurer	Type of Plan	Date of Issue (DD/MM/YY)	Sum Assured	Have the claim been submitted?

(F) PAYMENT METHOD FOR CLAIM SETTLEMENT

Direct credit to Policy Owner's Singapore Dollars (SGD) bank account in Singapore as follows:
(If the information is incomplete or if the payee is a joint trustees, a cheque will be issued)

Note: A copy of the bank book or bank statement stating account holder name and number is required.

Name of Bank	Branch of Bank	Bank Account No.	Account Holder's Name

Cheque to be mailed directly to the Policy Owner's dispatch address in our record

Cheque to be collected by Policy Owner at AIA Customer Service Centre at

Finlayson Green

AIA Tampines

Cheque to be collected by AIA Singapore servicing insurance adviser for delivery to Policy Owner

Name of insurance adviser: _____

Name of agency: _____

Contact number of insurance adviser: _____

Telegraphic Fund Transfer (For Policy Owner residing overseas)

Note: A copy of the bank book or bank statement stating account holder name and number is required.

Remittance to overseas foreign account is subjected to AIA Singapore's approval.

Bank Account Number: _____

Name of Bank: _____

Address of Bank: _____

Country of Bank: _____

Swift Code: _____

Policy Owner's Contact Number: _____

Policy Owner's Address: _____

Patient's Name:
Patient's NRIC/Passport No./FIN No.:
Policy Number:



Name of Insured: _____ NRIC/FIN/Passport No.: _____

(G) AUTHORISATION & DECLARATION:

1. I/We, acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights or defenses.

2. I/We:

- (a) hereby declare that I/we are duly authorized to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection with the claim and the Policy ("Information");
- (b) declare that all Information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially;
- (c) acknowledge and accept that AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the Information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and
- (d) acknowledge and accept that AIA Singapore expressly reserves its rights to require or obtain further information as it deems necessary.

3. I/We hereby authorise, agree and consent to:

- (a) persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "**Third Parties**") disclosing and releasing to AIA Singapore, its associated persons/organizations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "**Personal Data**"), relevant for the Purpose (defined below);
- (b) the AIA Persons sharing the scope of sub-clause
- (c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
- (d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "**Using**"/"**Use**") the Personal Data for the Purpose; and
- (e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "**Purpose**" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.

4 This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. A photocopy of this authorisation shall be effective and valid as the original.

Signature of Insured/Policy Owner (if Insured is a minor)

Date

Note: No fees, commissions or charges of whatever nature are payable to agents or employees of the company in respect of this claim.



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