

AXA INSURANCE SINGAPORE PTE LTD

143 Cecil Street #01-01 GB Building
 Singapore 069542
 Tel: (65) 6338 7288 Fax: (65) 6338 2522
 Internet: www.axa.com.sg



GPA CLAIM FORM

**Please send claim documents to:
 MYCG PTE LTD**
 15 Jalan Rumia, Holland Village
 Singapore 277982
 Tel: (65) 6476 3829 / 9762 2062
 Fax: (65) 6338 2522
 Email: polys@mycg.com.sg

CLAIMS PROCEDURE

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 "MYCG, 15 Jalan Rumia, Holland Village, S(277982)"
5. Generally, we will advise you of the status within 30 days. Notification will be sent by email.

**Please complete this form fully. Incomplete forms may delay claim settlement.
 Claims should be submitted within 30 days of treatment. If you are unable to submit the claim, please notify us by email.**

Type of Claim	Documents Required for Medical Expenses Claim (Checklist)	POLICY INFORMATION
Personal Accident	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts <input type="checkbox"/> Doctor's Memo providing description injury & treatment (if available) <input type="checkbox"/> Police Report (for traffic accidents)	Period of Insurance: 1 April 2010 to 31 March 2011 <input type="checkbox"/> P0920026 – Nanyang Polytechnic <input type="checkbox"/> P0781896 – Ngee Ann Polytechnic <input type="checkbox"/> P0920025 – Republic Polytechnic

SECTION A DETAILS OF INSURED PERSON (STUDENT)			
Name of Insured Student (write in capitals, as per bank account)		FIN/Passport No.	Student ID No.
Student's E-mail	Telephone No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (in Singapore)			

SECTION B DETAILS OF BANK ACCOUNT – For approved claims, reimbursement will be credited to your bank account. Please provide the details.			
Name of Bank Account Holder		Relationship of Bank Account Holder to Student <input type="checkbox"/> Self/Student <input type="checkbox"/> Polytechnic Staff <input type="checkbox"/> Friend <input type="checkbox"/> Parents/Sibling <input type="checkbox"/> _____	
Reason for reimbursement to be credited to another party's bank account <input type="checkbox"/> Student does not have a bank account <input type="checkbox"/> Polytechnic Staff paid the medical bill for the student <input type="checkbox"/> _____			
Bank Name (please tick) <input type="checkbox"/> DBS/POSB <input type="checkbox"/> UOB <input type="checkbox"/> OCBC <input type="checkbox"/> _____	Branch	Account No. 	

SECTION C DETAILS OF ACCIDENT			
1. Description of Accident (how it happened)	2. Place of Accident	3. Date of Accident	4. Time of Accident
5. Description of Nature of Injury (part injured, what kind of injury)	6. Nature of Treatment/ Operation	7. Hospitalisation Period	8. Is this a job-related injury <input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION D OTHER INFORMATION	
1. Has the same part been injured before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state date first occurred	2. Are you making a claim for this treatment from any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state name of insurer
3. Name & Address of Attending Doctor/Clinic/Hospital	

SECTION E 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 or part-time subsidized student of NP at the time treatment was obtained <input type="checkbox"/> No <input type="checkbox"/> Yes	For Polytechnic Staff, if you wish to be copied in our correspondence with the student, please state:	
Authorised Signature : Name & Designation : Polytechnic Stamp :	Name: E-mail: Contact No.:	