mycg.

Group Personal Accident Insurance CLAIM PROCEDURE

Important!	All claims must be submitted within 30 days of treatment . If more time is required to prepare the documents, please notify MYCG by email. Claims which are submitted late may not be processed – please submit early.				
Submit by Email	 Complete the AXA Personal Accident Claim Form (Total 2 Pages). Prepare/obtain the supporting documents required – refer to the Document Checklist below. Scan or take a clear photo of the documents. Email the documents to MYCG. For follow-up claims, please email the bills to MYCG and state in the email subject header "Student's Full Name – Poly GPA Follow-up Claim". Please keep the original documents for one (1) year as the insurer may request for them for verification or audit. 				
Document Checklist	Documents Required	H&S Claim (GRH)	H&S Claim (Private)	Outpatient Claim	
	Completed AXA Personal Accident Claim Form	(GRII) ✓	(Flivate) ✓		
	Original Final Hospital Bill (the hospital will send this to the patient within 2 to 3 weeks after discharge)	✓	~		
	Original Pre and Post hospitalisation/surgery bills	\checkmark	\checkmark		
	Original Medical Bills			\checkmark	
	Inpatient Discharge Summary	✓			
	Doctor's Memo stating Diagnosis / A&E Treatment Record (not medical report)			\checkmark	
	Copy of Referral Letter from Physician to Specialist/Physiotherapist, if any	\checkmark	\checkmark	\checkmark	
	Copy of Written Test Reports, if any	✓	\checkmark	~	
	Copy of Police Report (Traffic Accident)	\checkmark	\checkmark	\checkmark	
	H&S – Hospitalisation & Surgical GRH – Singapore Government Restructured Hospital e.g. NUH, SGH, CGH, TTSH e				
Claims Processing Time	Generally, claims will be processed within 30 days after the insurer receives complete documents and information. The student will be notified of the result of the claim by email. Payment for approved claims will be credited into the student's bank account.				
Contact	MYCG & Partners Pte Ltd 6A Shenton Way #04-01 OUE Downtown Gallery Singapore 068815 T +65 8118 6924 E customercare@mycg.com.sg				



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A. POLICY INFORMATION				
Policyholder's Full Name				

NRIC/FIN No.
Mobile No.

C. ACCIDENT & INJURY DETAILS				
Date and Time of Accident : Date				
Location of Accident				
Type of Accident: Medical Expenses Accidental Death Total Permanent Disablement				
Temporary Total Disablement Temporary Partial Disablement				
Description of Accident				
Description of Injury Sustained (e.g. body part injured, injury type)				
Have you injured the same part before? Yes No				
Is this your job related injury? Yes No				
Have you made a claim against any other party in respect of this event? If yes, please provide				
Name of other party / insurance company				
Description of claim				

D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)					
Name (as per bank account)					
Bank Name	Bank Code				
Account No.	Branch Code				

E. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").

Date: _____

Date: <u>Not Required</u>

Not Required

Signature of Claimant

Signature of Policyholder - For minor and group policy (Please also provide Company Stamp for corporate policy)