

# 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

1. Complete the AXA Personal Accident Claim Form (Total 2 Pages).
2. Prepare/obtain the supporting documents required – refer to the Document Checklist below.
3. Scan or take a clear photo of the documents.
4. Email the documents to MYCG.
5. 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”.
6. **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	✓	✓	✓
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	✓	✓	
Original Medical Bills			✓
Inpatient Discharge Summary	✓		
Doctor’s Memo stating Diagnosis / A&E Treatment Record (not medical report)			✓
Copy of Referral Letter from Physician to Specialist/Physiotherapist, if any	✓	✓	✓
Copy of Written Test Reports, if any	✓	✓	✓
Copy of Police Report (Traffic Accident)	✓	✓	✓

H&S – Hospitalisation & Surgical  
 GRH – Singapore Government Restructured Hospital e.g. NUH, SGH, CGH, TTSH etc.

### 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

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## Personal Accident Claim Form Policy/ Certificate No.

To expedite your claim, please (1) complete this form, (2) prepare the relevant documents required in page two, and (3) submit them to AXA Office within 30days. Thank you.

### A. POLICY INFORMATION

Policyholder's Full Name

### B. CLAIMANT DETAILS

Full Name

NRIC/FIN No.

Email

Mobile No.

Correspondence Address

### C. ACCIDENT & INJURY DETAILS

Date and Time of Accident : Date

Time

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: Not Required

Not Required

\_\_\_\_\_  
Signature of Claimant

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