

## CRISIS COVER KIDS CLAIM FORM

This form must be completed by the Life Assured who is at least 18 years old or the policyowner if the Life Assured is below 18 years old

The issue of this form is in no way an admission of liability. No claim can be considered unless the medical examiner's report is furnished at the expense of the claimant.

**Important Note:** Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

### Required documents for claim submission:

1. Crisis Cover Kids Claim Form (all sections must be completed)
2. Clinical Abstract Application Form (3 copies)
3. Medical Examiner's Certificate (please select the appropriate form depending on the medical condition)
4. Diagnostic laboratory and objective test reports supporting the diagnosis

### LIFE ASSURED'S PARTICULARS

Full Name	<input type="text"/>	NRIC No	<input type="text"/>
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Contact No	<input type="text"/>
Occupation	<input type="text"/>		

#### Method of Delivery for Claim Settlement:

Mail    Self Collection    Delivery by a Prudential Financial Consultant

Name and Contact Number of Financial Consultant

### POLICY DETAILS

Please indicate the policy number for the benefit type you would like to claim.

#### Benefit Type

- Crisis Cover Kids

#### Policy Number(s)

### DECLARATION

I hereby declare that all information given by me in this form are, to the best of my knowledge and belief, true and complete. I hereby authorise Prudential Assurance Company Singapore (Pte) Limited ("Prudential") to:

- a) seek medical information from any doctor who, at any time, has attended to the life assured concerning anything which affects his/her physical or mental health;
- b) seek information from any insurance office to which a insurance proposal has been made; and
- c) seek information from any other sources (including employer, government authorities) in connection with this claim.

I understand and agree that Prudential should have full access to the information stated above and a photographic copy of this authorisation shall be as valid as the original.

Name & Signature of Life Assured or Policyowner if  
Life Assured is below 18 years old

Date

**1. TYPE OF CLAIM**

Please indicate the type of claim you would like to file by ticking in the appropriate box.

**Crisis Cover Kid Illnesses**

- Severe Asthma
- Major Head Trauma
- Brain Surgery
- Loss of Limbs
- Leukaemia
- Severe Epilepsy
- Insulin-Dependent Diabetes Mellitus
- Rheumatic Fever with Valvular Impairment
- Kawasaki Disease with Heart Complications
- Severe Juvenile Rheumatoid Arthritis
- Glomerulonephritis with Nephrotic Syndrome
- Bone Marrow Transplant

**2. NATURE OF CLAIM**

2.1 Describe fully the extent and nature of illness/injury. If the condition is caused by an accident, please provide the date of the accident and describe how and where did the accident occur.

2.2 Was a police report made? Yes  No  If yes, please attach a copy of the report.

2.3 On which date did you / the child first consult a medical practitioner in connection with the illness/injury?

2.4 Have you previously suffered from or received treatment for a similar or related illness/injury? If 'yes', please give details.

2.5 Please provide the details of all doctors or specialists whom you have consulted in connection with your illness/injury: -

Name of Doctor	Name and Address of Clinic/ Hospital	Dates of Consultation	Reason for Visit

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2.6 Please provide details of your usual medical attendant if different from above: -

Name of Doctor	Name and Address of Clinic/ Hospital

### 3. GENERAL

3.1 Have any of your/ the child's blood relatives suffered from a similar or related illness? If 'yes', please give full details:

Relationship of Kin

Nature of Illness

Date of Diagnosis

3.2 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	Benefit Amount

3.3 Do you/ the child smoke cigarettes?

Yes

No

If 'yes', please give full details: -

What is your daily consumption?

 sticks/ per day

For how long have you been smoking?

#### 4. DECLARATION

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Signature of Life Assured or  
Signature of Legal Guardian of  
Life Assured if Life Assured is  
a minor

Date

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