PRUDENTIAL

Reg. No 199002477Z

PruParent Benefit 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. PruParent Claim Form (all sections must be completed)
2. Clinical Abstract Application Form (3 copies)
3. PruParent Medical Report Form OR Long Term Care Benefit Assessment Report (please select the appropriate form depending on the benefit you are claiming against)
4. Diagnostic laboratory and objective test reports supporting the diagnosis

LIFE ASSURED'S PARTICULARS

Full Name ____________ NRIC No ____________

Address ____________

Date of Birth ____________ Contact No ____________ Occupation ____________

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	Policy Number(s)
▪ PruParent	

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

Type of Claim	Benefit Plan Type
☐ Hospital Room and Board	☐ Plan 1
☐ Surgical Procedure	☐ Plan 2
☐ Long Term Care	☐ Plan 3
	☐ Plan 4

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2. NATURE OF CLAIM

2.1 What is the cause of illness / injury?

☐ **Illness**
Date symptoms first started: ____________

☐ **Accident**
Date and Time of Accident: ____________

2.2 Was there a police report? ☐ Yes ☐ No

(If yes, please provide a copy)

2.3. Period of hospitalisation: ____________ to ____________

2.4. Date of surgical procedure: ____________

2.5 Please describe in detail the nature of the illness / disability / injury. If the condition is caused by an accident, please provide details on how the accident happened.

2.6. Please provide details on any surgical procedure performed.

2.7(a). If you are claiming for Long Term Care benefit, please tick against the Activities of Daily Living that you are **unable to perform independently for at least 3 months**.

☐ Transferring - Getting in and out of a chair on your own

☐ Mobility - Move indoor from room to room on level surface

☐ Continence - Control bowel and bladder functions voluntarily

☐ Dressing - Putting on and taking off clothings on your own

☐ Bathing / Washing - Wash yourself in the bath or shower

☐ Eating - Eat and drink on your own

2.7(b). Date on which you became unable to perform the Activities of Daily Living selected in Q2.7(a).

2.8 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

2.9 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 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

4. 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 me concerning anything which affects my physical or mental health; and
b. seek information from any insurance office to which a proposal has been made for insurance on my life.

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.

Life Assured's Signature ☐ Date ☐