

PRUEXTRA CLAIM FORM

The Company does not admit liability by the mere submission of this form and the required documents.

This form is to be completed by the Life Assured who is at least 18 years old or the policy owner if the Life Assured is below 18 years old.

Required documents for claim submission:

1. PRUEXtra Claim Form (all questions must be completed)
2. Original final hospital bill, tax invoice and receipt
3. Copy of Medisave statement stating the Hospital Registration Number (if the bill is paid by Medisave)
4. Copy of relevant Payslip if you are covered under the civil service medical benefit scheme with co-payment

If the Life Assured is deceased, please also provide us with the following documents:

1. Death Claim Claimant's Statement
2. Death certificate issued by the relevant authority
3. Copy of the identification documents of the claimant
4. Evidence that the person is entitled to receive the payment. (e.g birth certificate, marriage certificate, the deceased's last will, Letter of Administration or Probate, Trust Deed etc.

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.

PRUEXtra Policy No.

LIFE ASSURED'S PARTICULARS

Full Name

NRIC No

Address

Contact No

TYPE OF CLAIM

Please tick the relevant box and provide the information required in the following:

Tick	Type of Benefit Claim	Date of Hospitalisation/ Surgery (dd/mm/yyyy)	Date of Diagnosis/ Consultation (dd/mm/yyyy)	Date of Birth of Child (dd/mm/yyyy)
<input type="checkbox"/>	Daily Hospital Incentive		NA	NA
<input type="checkbox"/>	Accident & Emergency Ambulance fee*		NA	NA
<input type="checkbox"/>	Immediate family member's accommodation with child*		NA	NA
<input type="checkbox"/>	Special Appliances & Prosthesis*		NA	NA
<input type="checkbox"/>	Traditional Chinese Medicine Treatment*		NA	NA
<input type="checkbox"/>	Outpatient Psychiatric Treatment (Postpartum)*	NA		
<input type="checkbox"/>	Autism Test*	NA		NA
<input type="checkbox"/>	Recurrent Miscarriage (Cost of Investigation)*	NA		NA
<input type="checkbox"/>	Emergency Outpatient Due to Accident*	Please complete the information on next page		

* These benefits are not applicable to PruExtra Lite and PruExtra Preferred Co Pay.

CLAIM DETAILS

For Emergency Outpatient Treatment due to Accident:

All information below must be furnished.

Date of accident

dd/mm/yyyy

Time of accident

am / pm

Place of accident

Detailed description of accident.

Description of the nature and extent of your injury.

Important Information to Note:

Special Appliances & Prosthesis

It is mandatory to submit a prescription from the Life Assured's treating doctor for such purchase.

Outpatient Psychiatric Treatment (Postpartum)

Copy of the child's birth certificate is required.

Please be advised that we only cover for eligible medical expenses up to 12 months from the date of birth of the child and treatment is from a registered psychiatrist or psychologist registered with the Singapore Register of Psychologists (SRP), who is not the policyowner, the life assured or a family member of either.

It is mandatory to submit a medical report or medical memo from the Life Assured's treating psychiatrist or psychologist [registered with the Singapore Register of Psychologists (SRP)], stating the diagnosis, date of diagnosis and the treatments provided.

Autism Test

Applicable only if Life Assured is below the age of five (5) years.

It is mandatory to submit a medical report or medical memo from the life assured's Paediatrician stating the diagnosis, date of diagnosis and the treatments provided.

Recurrent Miscarriage (Cost of Investigation)

Applicable only if the Life Assured suffers from three or more miscarriages.

A doctor's letter is required as supporting information, along with details of current investigations.

Prudential Assurance Company Singapore (Pte) Limited 30 Cecil Street #30-01 Prudential Tower Singapore 049712
Postal Address: Robinson Road P.O. Box 492 Singapore 900942
Telephone: 6535 8988 Fax: 6734 9555 Website: www.prudential.com.sg
Part of Prudential Corporation plc Reg. No 199002477Z

Name of Life Assured:		NRIC / Passport No. of Life Assured:	
DECLARATION			
<p>1. I understand and agree that the submission of this form does not mean that my request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.</p> <p>2. I hereby declare that the information that is disclosed on this form is to the best of my knowledge and belief, true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted. I further acknowledge and accept that Prudential Assurance Company Singapore (Pte) Limited ("Prudential") shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information disclosed on this form is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made.</p> <p>3. I hereby warrant and represent that I have been properly authorised by the policyholder and the applicable insured(s) to submit information pertaining to such insured's claims.</p> <p>4. I acknowledge and accept that the furnishing of this form, or any other forms supplemental thereto, by Prudential, is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights and defenses.</p> <p>5. I acknowledge and accept that Prudential expressly reserves its rights to require or obtain further information and documentation as it deems necessary.</p> <p>6. I confirm that I have paid in full all the bill(s)/invoice(s)/receipt(s) that I have submitted to Prudential for reimbursement and have not claimed and do not intend to claim from other company(ies)/person(s).</p> <p>7. I agree to produce all original bill(s)/invoice(s)/receipt(s) that were submitted for reimbursement to Prudential for verification as it deems necessary.</p> <p>8. For the purposes of (i) assessing, processing and investigating my claim(s) arising under the Policy and such other purposes ancillary or related to the assessing, processing and investigating my claim(s) and administering of the Policy, (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to Prudential under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of Prudential, and (v) as set out in Prudential's Privacy Notice ("Purpose"), I authorise, agree and consent to:</p> <p>a. Any person(s) or organisation(s) that has relevant information concerning the policyowner and the insured person(s) (including any medical practitioner, medical/healthcare provider, financial service providers, insurance offices, government authorities/regulators, statutory boards, employer, or investigative agencies) ("Person(s)/Organisation(s)") pertaining to this claim, to disclose, release, transfer and exchange any information to Prudential, its officers, employees, representatives or distribution partners, including without limitation, all personal data, medical information, medical history, employment and financial information, including the taking of copies of such records; and</p> <p>b. Prudential, its officers, employees, representatives or distribution partners collecting, using, disclosing, releasing, transferring and exchanging personal data about me, the policyowner and the insured person(s), with any person(s) or organisation(s) listed in above, Prudential's related group of companies, third party service providers, insurers, reinsurers, suppliers, intermediaries, lawyers/law firms, other financial institutions, law enforcement authorities, dispute resolution centres, debt collection agencies, loss adjustors or other third parties assisting with my claim for the Purpose.</p> <p>9. Where any personal data ("3rd Party Personal Data") relating to another person ("Individual") (including without limitation, insured persons, family members, and beneficiaries) is disclosed by me, I represent and warrant that I have obtained the consent of the Individual for Prudential, its officers, employees, representatives or distribution partners to collect and use the 3rd Party Personal Data and to disclose the 3rd Party Personal Data to the persons enumerated above, whether in Singapore or elsewhere, for the Purpose stated above and in Prudential's Privacy Notice.</p> <p>10. I agree to indemnify Prudential for all losses and damages that Prudential, its officers, employees, representatives or distribution partners may suffer in the event that I am in breach of any representation and warranty provided to me herein.</p> <p>11. I agree to receive communication on the claim by email, SMS and/or hard copies by post.</p> <p>12. I agree that this (i) Prudential shall have full access to the information stated in this form, and (ii) this authorisation and declaration shall form part of my proposed application for the relevant insurance benefits, and a photocopy of this form shall be treated as valid and binding as if it were the original.</p>			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Date & Signature of Life Assured above age 18 years		Date & Signature of Policyowner	
Name of Policyowner	NRIC / Passport No. of Policyowner	Relationship to Life Assured	