PruHospital Income Claim Form

(To be completed by Claimant)

1. The Company does not admit liability by the mere issuance of this form.
2. Please complete and return this form together with the Medical Report and the original Medical Certificate, Original bills and receipt to the Company.

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.

Personal Particulars

Name of Claimant	NRIC Number	Occupation	Policy Number

Address	Age	Telephone

Details of Claim

Benefit Plan Type

☐ Plan 1 ☐ Plan 2 ☐ Plan 3

Types of Claim

☐ Daily Hospital Income

☐ Daily Hospital Overseas Income

☐ Daily Intensive Care Unit Benefit

☐ Compassionate Boarding Fee

☐ Hospital Expenses (Illness) Reimbursement

☐ Hospital Expenses (Accident) Reimbursement

☐ Discharge Transportation Grant

☐ Recuperation Grant

☐ Temporary Disablement Benefit

☐ Death

☐ 24-Hour Worldwide Accidental Emergency Assistance Service

Prudential Assurance Company Singapore (Pte) Limited (Reg. No.: 199002477Z)
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Part of Prudential Corporation plc

Details of Illness / Injury

1. What is the cause of illness / injury

☐ Illness — Date symptoms first started ☐

☐ Accident — Date and Time of Accident ☐

2. Was there a police report — Yes ☐ No ☐
(If Yes, please provide a copy.)

3. Describe in detail the nature of the illness / injury. If the condition is caused by an accident, please give details on the accident.

Please go to the benefits that you are claiming for and fill in accordingly

1. Daily Hospital Income Benefit

Date of hospitalization: From _____________ to ____________

Have you suffered this or a similar condition or a recurrence of a previous illness or injury

☐ Yes ☐ No If Yes, please specify _______________________

Date of first consultation of the injury/illness _____________________________

Date in which you first noticed symptoms of condition ______________________

2. Daily Hospital Overseas Income (Applicable to hospital in the USA, Canada, Switzerland, Japan or member of the European Union)

Country visited __________________ Duration of visit ______________

Purpose____

State the country of hospital ____________________________________

Date of hospitalization: From _____________ to ____________________

3. Daily Intensive Care Unit Benefit

Number of ICU stays: _______________

4. Compassionate Boarding Fee

Names of Boarders ___________________________ relationship ______________

Date of boarding: From _____________ to ______________

5. Hospital Expenses (Illness) Reimbursement

Medical Expenses ________________

Are you claiming Medical Expenses from other sources Yes ☐ No ☐

If yes, please provide details of claim:

Name of Company	Nature of Claim	Amount Claimed	Policy Number (if applicable)

6. Hospital Expenses (Accident) Reimbursement

Medical Expenses ________________

Are you claiming Medical Expenses from other sources? Yes ☐ No ☐

If yes, please provide details of claim:

Name of Company	Nature of Claim	Amount Claimed	Policy Number (if applicable)

7. Discharge Transportation Grant ☐

8. Recuperation Grant ☐

9. Temporary Disablement Benefit

Date of medical certificates : From _____________ to _____________

10. Death

Date of Death : ______________

Cause of Death : ____

Name of Claimants : ____

Name of Life Assured:	NRIC / Passport No. of Life Assured:

DECLARATION

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.
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.
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.
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.
5. I acknowledge and accept that Prudential expressly reserves its rights to require or obtain further information and documentation as it deems necessary.
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).
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.
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:
    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
    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.
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.
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.
11. I agree to receive communication on the claim by email, SMS and/or hard copies by post.
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.

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