

## PRUCare BENEFIT FORM

To make a claim for the benefit, complete the form and email it to [prucare@prudential.com.sg](mailto:prucare@prudential.com.sg)

<b>Important Notes</b>			
1. Please note that the claim may be void if you knowingly provide any information in this claim that is materially false or misleading. 2. The Company reserves the right to request for additional documents to process claims.			
<b>1. TYPE OF POLICY</b>			
Please tick the appropriate box for the type of policy you are claiming from.			
<input type="checkbox"/> <b>Individual Life-Policy</b> Policy Number: _____ (please provide at least <u>one</u> policy number)		<input type="checkbox"/> <b>Group Policy</b> Name of Company: _____ Policy Number: _____	
<b>2. PERSONAL DETAILS OF THE APPLICANT (applicants are Policy Owners/Financial Consultants/Employees)</b>			
Full Name		NRIC/FIN No.	
Mobile Number			
Email Address			
<b>3. RELATIONSHIP WITH APPLICANT AND TYPE OF BENEFIT</b>			
Please tick the appropriate box for the type of benefit that you are claiming for. <u>If you are claiming for your immediate family, please provide the supporting documents for each family member.</u>			
<input type="checkbox"/> <b>Own</b>			
<input type="checkbox"/> <b>S\$500 One-time Cash Benefit due to Quarantine</b> (please submit a copy of the Quarantine Order issued under the Infectious Disease Act)  Issue date of Quarantine Order: _____			
<input type="checkbox"/> <b>S\$200 Daily Cash Benefit for Hospitalisation due to COVID-19</b> (please submit a copy of the Discharge Summary)  Date of Admission: _____ Date of Discharge: _____			
Did you travel out of Singapore on or from 27th March 2020 (inclusive) onwards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> <b>Spouse</b>			
Name: _____		NRIC/FIN No.: _____	
<input type="checkbox"/> <b>S\$500 One-time Cash Benefit due to Quarantine</b> (please submit a copy of the Quarantine Order issued under the Infectious Disease Act)  Issue date of Quarantine Order: _____			
<input type="checkbox"/> <b>S\$200 Daily Cash Benefit for Hospitalisation due to COVID-19</b> (please submit a copy of the Discharge Summary)  Date of Admission: _____ Date of Discharge: _____			
Did this family member travel out of Singapore on or from 27th March 2020 (inclusive) onwards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Parent**

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

- S\$500 One-time Cash Benefit due to Quarantine**  
*(please submit a copy of the Quarantine Order issued under the Infectious Disease Act)*

Issue date of Quarantine Order: \_\_\_\_\_

- S\$200 Daily Cash Benefit for Hospitalisation due to COVID-19**  
*(please submit a copy of the Discharge Summary)*

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Did this family member travel out of Singapore on or from 27th March 2020 (inclusive) onwards?  Yes  No

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

- S\$500 One-time Cash Benefit due to Quarantine**  
*(please submit a copy of the Quarantine Order issued under the Infectious Disease Act)*

Issue date of Quarantine Order: \_\_\_\_\_

- S\$200 Daily Cash Benefit for Hospitalisation due to COVID-19**  
*(please submit a copy of the Discharge Summary)*

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Did this family member travel out of Singapore on or from 27th March 2020 (inclusive) onwards?  Yes  No

**Children\***

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

- S\$500 One-time Cash Benefit due to Quarantine**  
*(please submit a copy of the Quarantine Order issued under the Infectious Disease Act)*

Issue date of Quarantine Order: \_\_\_\_\_

- S\$200 Daily Cash Benefit for Hospitalisation due to COVID-19**  
*(please submit a copy of the Discharge Summary)*

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Did this family member travel out of Singapore on or from 27th March 2020 (inclusive) onwards?  Yes  No

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

- \$500 One-time Cash Benefit due to Quarantine**  
(please submit a copy of the Quarantine Order issued under the Infectious Disease Act)

Issue date of Quarantine Order: \_\_\_\_\_

- \$200 Daily Cash Benefit for Hospitalisation due to COVID-19**  
(please submit a copy of the Discharge Summary)

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Did this family member travel out of Singapore on or from 27th March 2020 (inclusive) onwards?  Yes  No

\*If you are making a claim for more than two children, please provide the details and supporting documents in the *ADDITIONAL INFORMATION* section below.

#### 4. PAYMENT DETAILS

Payment will be made directly to the bank account we have on record for you. If you do not have a bank account with us, please complete the fields below.

##### Bank Account Details

Name of Account Holder: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

\*Please submit a copy of the bank book or bank statement stating account holder name and number for verification.

#### ADDITIONAL INFORMATION

#### DECLARATION

1. 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 ("PACS") 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.
2. I understand and agree that the submission of this form does not mean that my request will be processed, and that any payout under the PRUCare Package shall be in PACS sole and absolute discretion.
3. I have read, understand, and agree that any payout I am requesting under this form shall be wholly subject to the PRUCare Package terms and conditions found at the following [link](#).
4. I acknowledge and accept that PACS expressly reserves its rights to require or obtain further information and documentation as it deems necessary.

5. I agree to produce all original document(s) that were submitted for reimbursement to PACS for verification as it deems necessary.
6. For the purposes of (i) assessing, processing and investigating my claim arising under this Form and such other purposes ancillary or related to the assessing, processing and investigating my claim(s), (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to PACS under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of PACS, and (v) as set out in PACS 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 PACS and its related corporations, respective representatives, agents, third party service providers, contractors and/or appointed distribution/business partners (collectively referred to as "Prudential") 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 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, PACS'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.
7. 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 PACS, 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 PACS's Privacy Notice.
8. I understand that I can refer to PACS Privacy Notice, which is available at <https://www.prudential.com.sg/Privacy-Notice> for more information on contacting PACS for Feedback, Access, Correction and Withdrawal of using my/our personal data.
9. I understand that if I am an European Union ("EU") resident individual (i.e. my residential address is based in any of the EU countries), I can refer to PACS General Data Protection Regulation ("GDPR") Privacy Notice (which is available at <https://www.prudential.com.sg/GDPR-Notice>) for more information on the rights available to me under the GDPR.
10. I agree to indemnify Prudential for all losses and damages that Prudential 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 PRUCare benefits, and a photocopy of this form shall be treated as valid and binding as if it were the original.

Date & Signature of Applicant

### **Common Questions**

#### **Q1. Which immediate family members are eligible for the benefits?**

A1. Immediate family includes the customer's spouse, parents and children who are Singapore residents with NRIC/FIN.

#### **Q2. What is the definition of Quarantine?**

A2. Quarantine Order is a directive issued in Singapore to individuals under the Infectious Diseases Act and thus has legal force with severe penalties for non-compliance. For more information, please click on this link - <https://www.moh.gov.sg/covid-19/faqs>.  
Leave of Absence (LOA) and Stay Home Notice (SHN) are not considered quarantine.

#### **Q3. Is the hospitalisation benefit only applicable for Singapore/private/restructured hospitals?**

A3. Yes. Individual customers and their immediate family members who are hospitalised for COVID-19 in any Singapore hospital (restructured or private) are eligible.

#### **Q4. I have both group insurance with prudential and individual life policies OR I have 2 or more individual life policies. Can I claim benefits from both?**

A4. No, benefits are given out only once on an individual customer basis.