

PRUEXTRA / PRUEXTRA LITE 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/ PRUEXtra Lite Claim Form (all questions must be completed)
2. Clinical Abstract Application Form
3. Original final hospital bill, tax invoice and receipt

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

4. Death Claim Claimant's Statement
5. Death certificate issued by the relevant authority
6. Copy of the identification documents of the claimant
7. 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/ Extra Lite Policy No.

LIFE ASSURED'S PARTICULARS

Full Name

NRIC No

Address

Date of Birth

Contact No

Occupation

TYPE OF CLAIM

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

PRUEXtra/ PRUEXtra Lite

- | | | |
|---|---|---|
| <input type="checkbox"/> Daily Hospital Incentive | <input type="checkbox"/> Accident & Emergency Ambulance fee | <input type="checkbox"/> Immediate family member's accommodation with child * |
| <input type="checkbox"/> Emergency Outpatient Due to Accident * | <input type="checkbox"/> Special Appliances & Prosthesis * | <input type="checkbox"/> Traditional Chinese Medicine Treatment * |

- Deductible & Co-insurance
*(You only need to file this if the deductible & coinsurance portion of your PruShield claim are not processed together with your PruShield claim. Please quote the Hospital Registration Number stated in the PruShield Main Claim payment letter:
 Hospital Registration Number :*

* These benefits are only applicable for PRUEXtra. They are not applicable to PRUEXtra Lite.
 For claim on **Special Appliances & Prosthesis**, please submit doctor's memo stating the reason of such purchase. The doctor's memo should be completed by Life Assured's treating specialist doctor.

CLAIM DETAILS

1. Hospital Admission/ Day Surgery Detail

Date of Hospitalisation/ Day surgery From To

Name of medical institution

2. If the claim is for emergency outpatient treatment due to accident, please furnish us with the following details:

Date of accident Time of accident

Place of accident

Detailed description of accident.

Description of the nature and extent of your injury.

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