

Dear Claimant

We are sorry to learn of the Life Insured's condition.

In order for us to process your claim, we require the following:

1. Completed Special Benefit Claim Form (to be completed by claimant)
2. Attending Physician's Statement (to be completed by your attending doctor)
3. Copy of the Policy Owner and / or Life Insured's (if different from Owner) NRIC / Passport
4. Copy of Policy Owner's bank statement or passbook with name & account number if preferred payment is direct credit to a Singapore bank account, but an existing Electronic Fund Transfer (EFT) account has not been set up with us.
5. All available Laboratory and Test Results (as specified in the Attending Physician's Statement)

Upon receipt of all the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

If you need any assistance, please contact your Representative. Alternatively, you can email us at [service@manulife.com](mailto:service@manulife.com), or call our Client Service Officers at 6833 8188.

**Notes:**

- I. The fee for obtaining the Attending Physician's Statement shall be borne by the Life Insured / Owner.
- II. If you are asking another party to assist in the claim processing, an authorization letter is required.
- III. Please continue to pay the premium until the claim is approved.
- IV. If the policy has a nomination under section 73 of the Conveyancing and Law of Property Act, the proceeds will be payable to the trustee for the benefit of the beneficiary(ies).
- V. If the policy has a nomination under section 49L of the Insurance Act, the proceeds will be payable to the trustee of the policy for the benefit of the beneficiary(ies). If the sole trustee is the Owner, we are unable to make payment to the Owner. In this instance, the Owner can either appoint another trustee by using a prescribed form to receive the proceeds for the benefit of the beneficiary(ies) or give us instructions to make payment to each beneficiary for his / her share.

**Need Help?** Please contact your **Financial Representative** if you require assistance. Alternatively, you may email us at [service@manulife.com](mailto:service@manulife.com) or call our Client Service Officers at 6833 8188.

**Completed?** You may submit the completed and signed form with all relevant documents to us through any of the following modes:  
**Email – [SGLife\\_Claims@manulife.com](mailto:SGLife_Claims@manulife.com)**  
**Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**

**INTERNAL USE - FOR STAFF**

Claim No. ....  
Doc ID CL-104 .....

**Please note that:**



1. The mere issue of this form or any other form(s) does not represent any admission of liability by Manulife (Singapore) Pte. Ltd.
2. This form is to be completed by the Claimant.
3. For Corporate Owner, please complete the Corporate Owner Certification Form.

## Part 1 POLICY INFORMATION

### A. About the Policy Owner

Policy number(s)	
Full name	
NRIC / Passport number	
Mobile	
Email	
Postal code	
Mailing address	

**Notes:**

- If your mailing address provided here is different from our records, we will only update it to your Manulife policies that are being considered for this claim. However, if you wish to apply this mailing address to **all** your Manulife policies, please tick the box below:  
 I wish to apply this mailing address to all my Manulife policies.
- Your mobile and email provided here will be updated as the latest (superseding any existing records), and will apply to **all** your Manulife policies.

### B. Life Insured's Details

Full name (if different from Policy Owner)	
NRIC / Passport no. (if different from Policy Owner)	
Current employment status	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed
Current occupation / Job title	
Current employer's name	
Current employer's address	
Policy Owner's relationship with the Life Insured	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent

**Part 2  
CLAIM DETAILS**

**A. Type of Special Benefit**

Please indicate the type of benefit you would like to claim by ticking the appropriate box.

1. **Mum@myfuture Plan**
  - a.  Termination of pregnancy
  - b.  Stillbirth
  - c.  Congenital Anomaly
    - Down's Syndrome       Tetralogy of Fallot       Oesophageal Atresia and Oesophago Tracheal Fistula
    - Spina Bifida       Neonatal Death       Hydrocephalus
  
2. **Him@myfuture Plan**
  - a.  Prostate Cancer
  - b.  Open Surgery for Kidney Stones
  - c.  Liver Cancer
  - d.  Lung Cancer
  
3. **Her@myfuture Plan**
  - a.  Carcinoma-in-situ Benefit
    - Re-constructive Surgery Benefit
    - Major plastic surgery due to accidents
    - Skin transplantation due to accidental burning
  - b.  Menopause Complication Benefit
    - Dilatation and Curettage
    - Hysterectomy
  
4. **Kid@myfuture Plan**
  - a.  Kawasaki Disease
  - b.  Rheumatic Fever with Valvular Impairment
  - c.  Insulin Dependent Diabetes Mellitus (IDDM)
  - d.  Osteogenesis Imperfecta
  - e.  Haemophilia A and Haemophilia B
  - f.  Leukaemia
  - g.  Bone Marrow Transplant
  
5. **Premier Lady Plan**
  - a.  Carcinoma-in-situ Benefit
  - b.  Congenital Anomaly Benefit
    - Down's Syndrome
    - Spina Bifida
    - Tetralogy of Fallot
    - Neonatal Death
    - Oesophageal Atresia and Oesophago Tracheal Fistula
    - Hydrocephalus
  - c.  Re-constructive Surgery Benefit
    - Major plastic surgery due to accidents
    - Skin transplant due to accidental burning
  - d.  Pregnancy Complications
    - Disseminated Intravascular Coagulation
    - Ectopic Pregnancy
    - Hydatidiform Mole
    - Postpartum Psychosis
    - Stillbirth

**B. Details of Illness**

1. Describe in detail all symptoms and / or nature of Life Insured's illness.  
 .....  
 .....  
 .....  
 .....
2. How long had the Life Insured been having these symptoms before he / she consulted a doctor?  
 .....
3. Date when Life Insured first consulted a doctor for these symptoms ..... (DD/MM/YYYY)
4. If the consultation was for illness, describe fully the nature and extent of the Life Insured's illness.  
 .....  
 .....  
 .....

SBC-0821-1

5. Has the Life Insured previously suffered from or received treatment for a similar or related illness?

- No  Yes - **Please provide the details below**

.....  
 .....

6. If you are claiming for Menopause Complication Benefit, please provide the cause of the claimed condition.

.....  
 .....

7. If you are claiming for Re-constructive Surgery Benefit, please provide the following.

a. Reason for this re-constructive surgery.

.....  
 .....

b. Date of the accident or assault

(DD/MM/YYYY)

c. Brief description of accident assault.

.....  
 .....

d. Was a police report made?

- No  Yes - **Please provide a copy of the Police report**

e. Description of the affected body part(s).

.....  
 .....

**C. Details of Medical Consultations / Hospitalisation**

1. Please provide the name(s) and address(es) of the doctor(s)/specialist(s) you have consulted for this illness.

Name of Doctor	Address of Doctor	Date of Consultation

2. Please provide the Hospitalisation details in connection with this illness (if any).

Name of Doctor	Address of Doctor	Date of Consultation

**D. General**

1. Have any of the Life Insured's family members suffered from a similar or related illness?

- No  Yes - **Please provide the following details**

Relationship of Relative	Nature of Illness	Date of Diagnosis

**E. Other Insurance**

1. Are there any claims submitted or to be submitted to any other insurance company in respect of this Special Benefit claim?

- No  Yes - **Please provide the following details**

Name of Insurer	Policy number	Policy effective date	Sum assured	Claim notified
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 3****PAYOUT OPTION** (please tick 1 of the boxes below)

- If the policy owner ticked either PayNow or Electronic Fund Transfer (EFT), it will apply to all future payouts for all policies this claim qualifies for where you are the policy owner, and will supersede any existing payout instruction.
- For any claim payment to a non-policy owner, it will be settled by cheque.
- PayNow or EFT option will not apply to a policy that is subject to a trust created under Section 49L of the Insurance Act (Cap.142) or Section 73 of the Conveyancing and Law of Property Act (Cap 61).

 **PayNow**

- PayNow account registered with mobile numbers will not be eligible. (note: You may register or add your Singapore NRIC/FIN to the PayNow account via the “Manage PayNow” in your internet banking account or mobile banking application.)
- PayNow is only applicable for payout up to S\$200,000 to the policy owner’s Singapore bank account
- If PayNow transaction is unsuccessful, we will send a cheque to your mailing address as per our record.

 **Electronic Fund Transfer (EFT)**

- If you have an existing EFT set up for this policy, you just need to tick this option. No further action is required.
- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please fill in the table below, and submit a copy of bank statement OR bank passbook showing account holder’s name & account number.

Bank account number	
Bank name	

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner. If the requirements for EFT are not met, we will send a cheque to your mailing address as per our record.

 **Cheque to be sent to your mailing address as per our record**

- This is a one-time request and will be on a per claim submission basis. It will not replace any existing payout instruction (e.g. PayNow or EFT).

**WARNING:** For medical reimbursement plans, you can only be reimbursed for the amount you have incurred regardless of the number of medical insurance policies the Life Insured may have. Manulife reserves the right to recover any excess amount paid out.

**Part 4  
DECLARATION AND AUTHORISATION**

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I consent to Manulife (Singapore) Pte. Ltd. seeking / providing information about the Life Insured from / to any medical source, insurance office, organization or person, governmental organization and / or regulatory body for purposes reasonably required by Manulife to process and administer my claims ("Purpose"). A photocopy of this authorization shall be as valid as the original.
3. I further confirm that I have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"), and I hereby consent to the collection, use, disclosure and processing of my personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I have obtained a hard copy of the Manulife Statement from Manulife and / or downloaded a soft copy of the Manulife Statement from [www.manulife.com.sg](http://www.manulife.com.sg).
4. I further authorize any person, organization, company, corporation, body and partnership, including but not limited to, any medical practitioner, health care provider or institution, insurance company, investigative agencies in Singapore or any other country, to release or exchange any information (including personal data or personal health information) to or with Manulife for the Purpose set out in this form.
5. I confirm that I am not an undischarged bankrupt, in winding up, receivership or judicial management and there are currently no pending or threatened bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me.
6. I confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
7. Applicable for submission via Facsimile / Electronic Mail / online ("Electronic Services")  
I hereby authorize Manulife to carry out the above-mentioned policy transaction(s) on my Policy received via Electronic Services. I acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me or purported to be given by me. Manulife reserves the right to withhold or disallow the execution of instructions for verification or other purposes and shall not be liable for any losses incurred in consequence. I agree that Manulife shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services (including terminating the use of such Electronic Services) at all times. I understand that transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
9. I am aware that this form will not be effective until it is formally accepted by Manulife.
10. I agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my request and other related purposes only.

**Signature of Owner**

**Name** .....

**NRIC/Passport** .....

**Date** .....  
(DD/MM/YYYY)

**Signature of Life Insured**  
(if different from Owner or Above 16 years old)

**Name** .....

**NRIC/Passport No.** .....

**Relationship to Owner** .....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website ([www.manulife.com.sg](http://www.manulife.com.sg))