

Dear Claimant

We are sorry to learn of your accident/illness.

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

1. Completed Accident and Health Claim Form
2. Copy of Policy Owner's NRIC (front & back) or Passport
3. 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
4. Original **final** medical bills if claiming medical reimbursements for an aggregated amount (per illness/accident) greater than S\$250. Otherwise, a copy will do. If MediSave and/or MediShield Life is involved, its deduction must be finalised, and you must provide the statement from CPF Board showing the deductions.
5. Copy of medical certificates if claiming weekly indemnity (i.e. medical leave)
6. Copy of child's birth certificate if claiming Baby Bonus Benefit
7. Copy of Hospital Discharge Summary
8. Doctor's memo on accident/illness, medical report, or Attending Physician's Statement (APS) to support the diagnosis
9. For bills or receipts from Traditional Chinese Medicine (TCM) or Chiropractic clinics, please ensure that the practitioner's name is indicated on the bills or receipts.
10. Copy of Policy report (if any)

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, or call our Client Service Officers at 6833 8188

Notes:

- I. The fee for obtaining the Doctor's memo, medical report or Attending Physician's Statement shall be borne by the Policy Owner.
- II. If you are asking another party to assist in the claim processing, an authorization letter is required.

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INTERNAL USE - FOR STAFF

Claim No.

Doc ID CL-105 CL-106 CL-107

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 Owner.
3. You will receive the outcome of your claim within 10 working days.

Part 1 POLICY INFORMATION

A. About the Policy Owner

BEFORE you submit this claim, please ensure your latest mailing address, contact number, and email have been updated with us. Log in to our secured customer portal, MyManulife, at www.mymanulife.com.sg for an immediate update. If your particulars are not updated with us, you will **NOT** receive our claim correspondence and claim payout. You may also submit your claim online through the customer portal.

Alternatively, you may update us by filling in the **Personal Details Update** form and sending it to us. This form is available for download at www.manulife.com.sg under the Services tab. This method is **NOT** preferred as we will not be able to process the update if your signature does not match that in our records. This will cause a delay to your claim.

Policy number(s)	
Full name	
NRIC/Passport number	

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

What is the cause of this claim?	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Baby Bonus Benefit	
A. Claim details (for illness)		
Describe the symptoms		
Doctor's diagnosis		
Date of diagnosis	(DD/MM/YYYY)	
B. Claim details (for accident)		
Date of accident	(DD/MM/YYYY)	
Time of accident		
Place of accident		

How the accident happened			
Injuries sustained by the Life Insured			
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please provide police report.
C. Details of any hospitalisation or medical leave			
Did the Life Insured have a day surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of day surgery	(DD/MM/YYYY)		
Was the Life Insured hospitalised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of hospitalisation	From	to	(DD/MM/YYYY)
	From	to	(DD/MM/YYYY)
Was the Life Insured given any medical leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Period of medical leave given	From	to	(DD/MM/YYYY)
	From	to	(DD/MM/YYYY)
Period of light duties given	From	to	(DD/MM/YYYY)
	From	to	(DD/MM/YYYY)
Date the Life Insured returned to work	(DD/MM/YYYY)		
Any claims submitted or to be submitted to other insurer(s) or employer for this same claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of insurer(s) or employer			

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 registered with Singapore NRIC/FIN**
- 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.

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**Part 4
DECLARATION AND AUTHORISATION BY POLICY OWNER**

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.
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 authorise 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.

Name
NRIC/Passport No.
Contact No.
E-mail
Date
(DD/MM/YYYY)

Signature is not required for this form. By submitting this form to Manulife, the Policy Owner is deemed to have provided the above declaration and authorisation.

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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)

Need Help? Please contact your **Financial Representative** for further assistance. Alternatively, you may call our **Client Services Officers** at **6833 8188**, contact us via our website at www.manulife.com.sg, or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.

Completed? You may submit the completed form with all relevant documents to us through any of the following modes:
Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424

If you are not claiming for medical reimbursements for an aggregated amount (per illness/accident) that exceeds S\$250, you may also submit by these 2 other modes:

Email – service@manulife.com
Eclaim on our website