

Dear Claimant

We are sorry to learn of your accident.

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

1. Completed Personal Accident Claim Form
2. Attending Physician's Statement (to be completed by your attending doctor)
3. Copy of Medical Certificate(s) for Weekly Indemnity benefit
4. Original Itemised Tax Invoice(s) & Receipt(s) for Medical Reimbursement benefit
5. Copy of Police Report, if any
6. Copy of the Owner and / or Life Insured's (if different from Owner) NRIC / Passport

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 have any enquiries, please contact your Financial Representative or email us at service@manulife.com for assistance.

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. For medical reimbursement claims that are less than S\$500 or weekly benefit not exceeding 30 days, we may consider waiving the Attending Physician's Statement if there is sufficient documentary evidence, such as the Doctor's Memo or Inpatient Discharge Summary showing the cause of accident / injury. If determined as necessary, the Attending Physician's Statement would still be required for claims that are less than S\$500.
- V. The completed Attending Physician's Statement must be submitted for other benefits claim or if the accident has occurred overseas.

PAC-1018-6

INTERNAL USE - FOR STAFF

Claim No. _____

Doc ID 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.

1 POLICY INFORMATION

Policy Number(s)

✓ Please list all policy numbers you are claiming for

Full Name of Life Insured

NRIC/Passport No. of Life Insured

Contact No. of Life Insured

Residential Address of Life Insured

✓ Please tick if you wish to update this address in our records

Full Name of Owner (if different from Life Insured)

Relationship to Life Insured

2 CLAIM DETAILS

A. Details of Occupation

Employment status

Employed Self-employed Unemployed

✓ For Employed and Self-employed, please provide answers to questions 1 to 4

1. Occupation/Job Title

2. Name of Employer

3. Address of Employer

4. List all the major duties of your occupation

B. Details of Accident

1. Date of accident (DD/MM/YYYY)

Time of accident AM/PM

Place of accident

2. Please describe how the accident occurred.

3. Please describe the injuries sustained.

4. Was the accident reported to the police?

No Yes *✓ Please provide the following details and enclose a copy of the police report*

Name of Police Officer In-charge

Name of Police Station

C. Details of Disability

1. Please provide the diagnosis of disability.

2. Did the Life Insured submit a Medical Leave Certificate to his/her employer?

No Yes ✓ Please provide the following.

a) Period of medical leave given From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

b) Period of light duties given From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

c) Date the Life Insured returned to work From _____ (DD/MM/YYYY) To _____ (DD/MM/YYYY)

d) Date the Life Insured resumed all responsibilities of his/her occupation _____ (DD/MM/YYYY)

e) If the Life Insured has not returned to work due to this disability, please state the date he/she is expected to return to work

_____ (DD/MM/YYYY)

D. Details of Medical

1. Please provide the name and address of the doctor who first attended to the Life Insured after the accident.

Name of Doctor	Address

2. Please provide the date when the doctor first attended to Life Insured _____ (DD/MM/YYYY)

3. Please provide the name and address of the doctor who is now attending to the Life Insured (if different from the above).

Name of Doctor	Address

E. Other Insurance(s)

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

3 OPTIONS TO RECEIVE CLAIMS PAYMENT

Please let us know your preferred method of claim payment by selecting one of the options below:

PayNow

Please note that this option is only applicable for PayNow account registered with your Singapore NRIC/FIN and for payment in Singapore Dollars only. PayNow account registered with mobile numbers will not be eligible.

Note: Your PayNow account registration information can be accessed via the "Manage PayNow" option in your internet banking account or your banking mobile application. If you had registered with your mobile number and not your Singapore NRIC/FIN, you may choose to add your Singapore NRIC/FIN to your PayNow account.

Electronic Fund Transfer (EFT)

Bank Account No.: _____ Name of Bank: _____ Branch Code: _____

- Please note that one of these MUST be submitted: Copy of Bank Statement OR Copy of Bank Passbook.
- The EFT account registered must belong to the Owner.
- Bank account must be a Singapore Bank account denominated by Singapore Dollars.
- Branch Code is applicable to OCBC/HSBC/SBI bank accounts only.
- EFT account(s) registered with us previously will be updated with the latest bank account number provided.

Please note that if none of the above payment options are selected, payment will be made via cheque.

4 DECLARATION AND AUTHORISATION

Claims Declaration and Authorisation

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, true and complete.
2. I consent to Manulife (Singapore) Pte. Ltd. seeking / providing information about the below-named 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 / We further confirm that I / We have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"), and I / we 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 / We 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 / We 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.

PayNow Declaration and Authorisation

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We confirm that I/we am/are not undischarged bankrupt(s), 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/us.
4. Applicable for submission via Facsimile / Electronic mail ("Electronic Services") - I/We hereby authorise Manulife to carry out the above-mentioned request received via Electronic Services. I/We acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. 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/We 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. Please note the transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful transmission report (in the case of facsimile) or message (in the case of electronic mail).
5. I/We 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).
6. I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
7. I/We agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my/our request and other related purposes only.
8. I/We confirm that the above information is true and correct, and I/we authorise Manulife to effect the request on my/our policy(ies).
9. The authorisation or instruction as provided in this form (i) will supersede the earlier payment or crediting arrangement; and (ii) will remain in force until termination notice has been sent to and processed by Manulife.

Signature of Owner

Name
NRIC/Passport
Date (DD/MM/YYYY)

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 and signed form with all relevant documents to us through any of the following modes:

 **Mail -8 Cross Street #15-01, Manulife Tower, Singapore 048424**