NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6332 1133 · Fax: 6338 1500
Email: healthcare@income.com.sg · Website: www.income.com.sg
an NTUC Social Enterprise

Scan QR code for on-line submission of medical expenses claim

Claim form for Group Personal Accident (GPA) Insurance Plan for Students

Important notes

You can submit your **medical expenses claims** through our e-claim portal **https://studentgpa.incomegroupins.com.sg/**. No login user or password is required. For manual submission, please follow the instruction below.

The acceptance of this form is NOT an admission of liability on the part of NTUC Income Insurance Co-operative Limited. To avoid any delay in processing your claim, please fill in all the information required in the claim form, ensure the form is certified by the school/centre and submit together with the supporting documents to NTUC Income Insurance Co-operative Limited within reasonable time from the date of accident.

Please submit the claim form and supporting documents to:

For **Medical Expenses:**
By post to
NTUC Income Insurance Co-operative Limited
c/o 1 Commonwealth Lane, #02-13 One Commonwealth, Singapore 149544

For **Death/Permanent and Total/Partial Disability:**
a. At any NTUC Income Insurance Co-operative Limited branch or
b. By post to
NTUC Income Insurance Co-operative Limited
Income Centre, 75 Bras Basah, Singapore 189557

Supporting documents for the type of claim (please tick accordingly)

Medical Expenses:

- ☐ Original final tax invoice(s)/receipt(s)
- ☐ Police report, if applicable
- ☐ For hospitalisation/day surgery, a copy of Inpatient discharge summary/Day surgery form/Attending physician's medical report
- ☐ Copy of the Shield Plan's settlement letter if there is any payment by Medisave-approved Integrated Shield Plan

Death:

- ☐ Certified true copy of death certificate (for overseas death, the original death certificate must be certified by your lawyer or any Notary Public)
- ☐ All overseas documents are to be certified as true copies by your lawyer or any Notary Public
- ☐ Letter from Immigration and Checkpoint Authority (ICA) – this letter is issued by ICA for Singaporeans or Permanent Residents (PR) who died overseas. It confirms receipt of the Singapore NRIC, passport and overseas death certificate
- ☐ NRIC or relevant identification documents (e.g. passport, birth certificate) of claimant
- ☐ Proof of claimant's relationship with deceased such as birth certificate
- ☐ Medical report(s)
- ☐ Newspaper clipping and police report, if applicable

All documents submitted must be in English. Any documents in foreign languages must be officially translated to English by a certified translator/interpreter.

Permanent and Total/Partial Disability:

- ☐ Medical reports/Laboratory reports/Hospital discharge summary
- ☐ NRIC or relevant identification documents (e.g. passport, birth certificate) of claimant
- ☐ Newspaper clipping and police report, if applicable

Certification by School/Centre

This is to certify that:

a. the Insured is covered under the policy at the time of accident.

b. the accident occurs in school or during school activities or any activities related to the school. The details of the accident in this form are true and complete and we have not withheld any material information.

c. the accident occurs to and from school/place of residence/hostel/place where school activity is carried out.

Name of School/Centre		Policy number 5096873205
Address of School/Centre	Zone ☐ North ☐ South ☐ East ☐ West	Contact details (Mobile) (Office) (Email)
Name of Authorised staff of School/Centre	Signature of Authorised staff of School/Centre	School's/Centre's stamp

Before submitting the claim to us, please make sure that the above section is duly completed by the Authorised staff of the School/Centre with the Authorised staff's signature and School/Centre's stamp on the claim form.

Particulars of Insured

Insured Name (as shown in NRIC, FIN or BC)	NRIC, FIN or BC number	Nationality	Gender ☐ Male ☐ Female

Date of birth (dd/mm/yyyy)	Level ☐ Kindergarten ☐ Primary ☐ Secondary ☐ Junior College/Centralised Institute ☐ Mixed Level (Secondary & Junior College) ☐ Mixed Level (Primary & Secondary) Name of school/centre: _____ Class: _____

Residential address	Contact details (Mobile) (Home) (Email) Please note that all correspondences will be sent via the email address as indicated here.

If your contact particulars (i.e. address, contact number and email) indicated in this claim form are different from your existing records with us, we will not update all your existing policies with the new contact particulars.

Details of accident

Date of accident:	Time of accident:	Place of accident:

Activity type

☐ Accidental ☐ Physical Education (PE) ☐ School Events
☐ Sick (incl. food poisoning) ☐ Student misbehaviour (incl. fight/bully) ☐ To and from school
☐ CCA/Sports (Please tick the type of CCA/Sports and indicate the name of the CCA/Sports)
☐ Clubs & Societies (e.g. Chess/Debate/Library/Photography) _____
☐ Physical Sports (e.g. Basketball/Floorball/Football) _____
☐ Uniformed Groups (e.g. NCC/NPCC/Red Cross) _____
☐ Visual and Performing Arts (e.g. Band/Choir/Dance) _____

Injury type

☐ Burns (incl. contact with chemical) ☐ Cuts/Laceration/Abrasions ☐ Dental-related injuries ☐ Food poisoning
☐ Fracture ☐ Infectious Diseases (e.g. Dengue Fever, HFMD) ☐ Insect Bites
☐ Sprain/Twist/Tear/Swelling/Dislocation ☐ Swallowing foreign object

Describe how the accident happened.

Describe the injuries sustained and the part(s) of the body injured.

Other information

Have you claimed or do you intend to claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If 'yes', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher from the other party. Remarks: _____ Note: It is important that you inform us if you are claiming from another insurer, other employer or any other parties for the same bill. You can only claim or be reimbursed once for the amount that you have incurred, regardless of the number of medical insurance policies you may have. We reserve the right to recover if there is any excess amount paid to you.	☐ Yes ☐ No

Payment mode: ☐ **Cheque** ☐ **Direct credit to bank account**[1]

Name of payee (as shown in the NRIC/FIN) (Payee has to be student's parent/legal guardian and be above 21 years old)	NRIC, FIN or Passport number	Relationship to the insured

Gender ☐ Male ☐ Female	Nationality	Date of birth (dd/mm/yyyy)	Contact details (Mobile) (Home) (Email)

[1] For Direct Credit: Name of Bank _____ Branch _____

Account number _____

Please ensure the bank account number indicated in this section is correct. If you have provided any inaccurate bank account number for the payment of this claim, we shall discharge from all liability under this claim and not be liable for any losses incurred by you.

Personal data collection statement

NTUC Income Insurance Co-operative Limited recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by NTUC Income Insurance Co-operative Limited includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. **Purpose of collection**

We may collect and use the personal data to:

(a) carry out identity checks;
(b) carry out information checks;
(c) communicate with you for the purposes of this transaction;
(d) provide ongoing services and respond to your inquiries or instructions;
(e) make or obtain payments;
(f) investigate and settle claims;
(g) detect and prevent fraud, unlawful or improper activities;
(h) conduct research and statistical analysis;
(i) coach employees and monitor for quality assurance;
(j) reinsure risks and for reinsurance administration; and
(k) comply with all applicable laws, including reporting to regulatory and industry entities.

2. **Disclosure of personal data**

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

(a) Ministry of Education (MOE) or its appointed financial advisors and insurance broker (if applicable);
(b) medical professionals and institutions;
(c) insurers and reinsurers;
(d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
(e) dispute resolution parties;
(f) parties that assist us to investigate, administer and adjudicate claims;
(g) financial institutions; and
(h) regulators, law enforcement and government agencies.

3. **Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the said products and services. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the said products and services, including preventing us from properly assessing and processing your claim.

4. **Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email your request to: DPO@income.com.sg.

Declaration and authorisation by Insured/parent/legal guardian

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim.

a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by NTUC Income Insurance Co-operative Limited and/or its claims service providers.
b. I authorise NTUC Income Insurance Co-operative Limited and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.
d. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of Insured	Signature of Insured (If Insured is age 21 years and above)	Date (dd/mm/yyyy)

If Insured is below 21 years old, the following is to be completed by the parent or legal guardian of the Insured.

Name (as shown in NRIC or FIN)	Signature	NRIC or FIN number

Relationship to the Insured	Date (dd/mm/yyyy)