

## Follow up medical claim form

**Important note:**

- 1) This form is only applicable for submission of follow up original medical bills for a previous accident/hospitalisation claim.
- 2) Please submit original hospital final bill and medical receipts (photocopy or interim hospital bills are not acceptable) to an Income branch. Or, you can give to your insurance adviser, or post them to: Property & Casualty Claims, Income, P O Box 0132, Singapore 911802.
- 3) You may visit our website at <https://www.income.com.sg/claims> for the claim submission procedures.

### Claim details

Policy number
Claim number
Name of insured
Date of hospital admission/accident * (dd/mm/yyyy)

### Details of person submitting the claim

Name of insured/policyholder/insurance adviser*
Mobile number
Date (dd/mm/yyyy)
Signature

Note: For \*, please delete accordingly.