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

Claim form for Child Illness Rider

Important notes

1. The acceptance of this form is not an admission of liability on the part of Income.
2. Medical report must be given at the expense of the policyholder or insured.
3. Please ensure that both Section 1 and Section 2 of the claim form are completed before you submit the claim.

Section 1 – To be completed by policyholder or insured

Particulars of policyholder or insured

Name of insured (as shown in NRIC)	Policy number	NRIC number
Address of insured		
Name of policyholder (as shown in NRIC)	Relationship to insured	NRIC number
Residential address of policyholder		

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

Record of medical consultations

1. Please provide details of any other doctors or specialists the insured has consulted in connection with this illness or injury

a) Name and address of hospital or clinic	b) Date of first consultation

2. Name and address of insured's regular doctor

3. Please tick the condition which you are claiming for.

☐ Severe asthma	☐ Leukaemia
☐ Bone marrow transplant	☐ Insulin-dependent diabetes mellitus
☐ Still's disease	☐ Rheumatic disease with valvular impairment
☐ Kawasaki disease	☐ Haemophilia
☐ Mental retardation due to sickness, injury or accident	☐ Accidental fracture of skull, spine, pelvis or femur

Personal data collection statement

Income 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 Income 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 application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

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 membership or information checks;
   (c) communicate on purposes relating to an application or policy;
   (d) decide whether to insure or continue to insure you and your insured persons;
   (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
   (f) provide financial advice for product recommendation based on your financial needs analysis;
   (g) provide ongoing services and respond to your inquiries or instructions;
   (h) make or obtain payments;
   (i) investigate and settle claims;
   (j) recover any debt owed to us;
   (k) detect and prevent fraud, unlawful or improper activities;
   (l) conduct research and statistical analysis;
   (m) coach employees and monitor for quality assurance;
   (n) reinsure risks and for reinsurance administration;
   (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
   (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

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) your financial advisers, insurance broker, association, employer or group policyholder;
   (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) debt collection agencies;
   (f) dispute resolution parties;
   (g) parties that assist us to investigate, administer and adjudicate claims;
   (h) financial institutions;
   (i) credit reference agencies;
   (j) industry associations; and
   (k) 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 products and services that you asked for or have with us. 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 products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

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 to: DPO@income.com.sg

Declaration and authorisation

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, and deciding whether Income is to insure or continue to insure me or my child for my insurance applications or policies,

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 Income and/or its claims service providers.

b. I authorise Income 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.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name and signature of policyholder	NRIC number of policyholder	Date (dd/mm/yyyy)
Name and signature of patient or insured person (If different from Policyholder and age above 21 years)	NRIC number of patient or insured person	Date (dd/mm/yyyy)

Please ensure that "Attending Physician's Statement for Child Illness Rider" on the next page is completed.

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Attending Physician's Statement for Child Illness Rider

Section 2 – To be completed by the attending doctor

Part 1: General Information

1. Are you the patient's usual medical doctor? If 'Yes', over what period do your records extend to?

2. When did the patient first consult you for this condition?

3. When you first saw the patient, what were the symptoms presented and how long did they last? Please state the date that the symptoms began.

4. In your opinion, how long has the patient been having these symptoms? Please provide reasons.

5. Did the patient consult any other doctors for these symptoms before consulting you?

6. What is the diagnosis? Please provide full details of the diagnosis, including the date of diagnosis.

7. When did the patient or the parent first become aware of the condition?

Part 2: Details of child's illness (Please fill in the appropriate section.)

1. Severe asthma

a) Has there been a history of status asthmaticus within the past two years?	☐ Yes	☐ No
b) Did the patient exhibit significant and continuous reduction in exercise tolerance?	☐ Yes	☐ No
c) Were there chest deformities resulting from chronic hyperinflation?	☐ Yes	☐ No
d) Was there a need for medically prescribed oxygen therapy at home?	☐ Yes	☐ No
e) Was the patient on continuous daily use of oral corticosteriods (for at least six months)?	☐ Yes	☐ No

2. Leukaemia

a) Please provide details of any chemotherapy or radiotherapy treatment provided, including the dates and type of treatment provided.

b) Please provide details of all investigations performed.

3. Bone-marrow transplant

a) What is the underlying condition for which the patient needs a bone-marrow transplant?

b) Has the patient had a bone-marrow transplant? If 'Yes', please provide the date of the transplant and the name of the hospital where the transplant was performed.	☐ Yes	☐ No
c) If the patient has not had a bone-marrow transplant, has the patient been confirmed as accepted on the official waiting list of the medical or health authorities in Singapore for a transplant, as a recipient? If 'Yes', please provide the date and the details where the patient was placed on a waiting list.	☐ Yes	☐ No

4. Insulin-dependent diabetes mellitus

a) Was the presence of severe diabetes mellitus characterised by:		
i. loss of plasma insulin levels;	☐ Yes	☐ No
ii. episodic ketoacidosis?	☐ Yes	☐ No
b) Please give details if the patient is insulin-dependent and enclose a copy of the blood and urine test results.		
c) Was there evidence of decreasing C-peptide? Please provide details.		
d) Please give details of all investigations done and treatment prescribed.		

5. Rheumatic disease with valvular impairment

a) Was there impairment or damage to one or more heart valves and was this supported by an echocardiogram?	☐ Yes	☐ No
b) Was there evidence of a history of rheumatic fever?	☐ Yes	☐ No
c) Please give details of any group-A streptococcus infection with supporting evidence.		
d) Please provide details of all investigations carried out and enclose copies of the results of the echocardiogram and laboratory investigations.		

6. Kawasaki disease

a) Was there cardiac involvement with dilation or aneurysm formation in coronary arteries which lasted at least six months after the initial acute episode? If 'Yes', please provide details including the date it began and how long the coronary artery dilation or aneurysm formation lasted. Please enclose copies of investigations carried out confirming this.	☐ Yes	☐ No

7. Haemophilia

a) Was the condition mild, moderate or severe?		
b) Was the clotting factor VIII less than 1%?	☐ Yes	☐ No
c) Was the clotting factor IX less than 1%?	☐ Yes	☐ No

8. Still's disease

a) Does the patient show the features of Still's disease? Please provide details.		
b) Does the patient need a knee or hip replacement? If 'Yes', please provide details.	☐ Yes	☐ No
c) Please enclose copies of all laboratory test results, including blood-test results.		

9. Mental retardation due to sickness, injury or accident

a) Was the condition caused by sickness, injury or accident?	☐ Yes	☐ No
b) If the condition was due to injury or accident: i. please provide the date of the accident and give details of the circumstances leading to the injury or accident.		
ii. Were there any contributory factors leading to the injury or accident? (For example, the influence of alcohol or drugs, self-inflicted injury, etc.)		

c)	If the condition was due to sickness: i. please provide the date the sickness began.	
	ii. what were the underlying conditions?	
d)	Has the condition continued without interruption for at least six months in a row after diagnosis?	☐ Yes ☐ No
e)	Was the condition caused by congenital illness or condition?	☐ Yes ☐ No

10. Accidental fracture of the skull, spine, pelvis or femur

a)	Was the patient's condition due to an accident?	☐ Yes ☐ No
b)	Did the accident result in a fracture of the skull, spine, pelvis or femur?	☐ Yes ☐ No
c)	Did the fracture involve the insured staying in hospital for treatment?	☐ Yes ☐ No
d)	Was the patient's condition a hairline fracture which does not involve the periosteum or the articular surface?	☐ Yes ☐ No
e)	Was the patient's condition due to self-inflicted injuries?	☐ Yes ☐ No
f)	Was the patient's condition caused by drug or alcohol abuse or misuse?	☐ Yes ☐ No
g)	Please provide details of the accident.	
	i. Date of accident (dd/mm/yyyy):	
	ii. Time of accident	
	iii. Place of accident	
	iii. Describe the extent of the injury and give details of the anatomical site involved.	
h)	Please enclose copies of the X-ray.	

Other useful information

1. Please provide us with any other information that will be helpful in assessing this claim.

2. We would appreciate it if you could enclose copies of all relevant diagnostic and laboratory test results.

Signature of doctor or medical officer-in-charge	Date (dd/mm/yyyy)
Name (in block letters)	Address and official stamp of hospital or clinic