NTUC Income Insurance Co-operative Limited
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an NTUC Social Enterprise

Group Outpatient Medical Claim Form

Important notes:
It is important to read the notes below before you complete the claim form.

1. The acceptance of this form is **not** an admission of liability on the part of Income. Any documentary proof or medical report shall be furnished at the expense of the employer or employee.
2. Please submit the following documents within 30 days from date of visit:
   (i) Duly completed and signed original claim form
   (ii) Original final tax invoices (itemised bills), bills or receipts showing the patient's name and date of treatment
   (iii) Copy of referral letter from panel general practitioner to panel specialist or hospital (if you are claiming for specialist visit)
   (iv) Copy of the attending physician's prescription for claims on purchase of drugs
3. Please use **one claim form per patient**.
4. Please complete Group Hospital and Surgical Claim Form for claims on pre-hospitalisation or post-hospitalisation visit.
5. All required documents, duly completed and signed forms must be submitted to avoid any delay in claim processing. Please indicate "N.A" if not applicable.
6. An eligible claim will be reimbursed according to the following priority:
   - Employer or employee if he or she has settled the eligible medical bills by cash
   - Medisave account as indicated in the tax invoices or bills
   - Patient's Medisave-approved Private Integrated Plan (if applicable)
7. Payment will be made according to the designated method established with your employer.

To be completed by employee

1. Particulars of employee

1a. Company name		1b. Policy number	
1c. Name (as shown in NRIC or Passport)	1d. NRIC number or FIN	1e. Date of birth (dd/mm/yyyy)	1f. Gender ☐ Male ☐ Female
1g. Nationality	1h. Occupation	1i. Date of employment (dd/mm/yyyy)	1j. Email address
1k. Contact number	1l. Address		

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

2. Particulars of patient (Compulsory if patient is spouse or child of employee)

2a. Name (as shown in NRIC, Passport or BC)	2b. NRIC, BC number or FIN	2c. Date of birth (dd/mm/yyyy)	2d. Gender ☐ Male ☐ Female
2e. Nationality	2f. Relationship to employee ☐ Spouse ☐ Child	2g. Occupation	

3. Details of illness or injury

3a. Type of claim[1]	3b. Date of visit (dd/mm/yyyy)	3c. Description of illness or injury	3d. Name of referring GP and clinic (For specialist visit only)
☐ GP ☐ SP ☐ Others (Please specify) _____			
☐ GP ☐ SP ☐ Others (Please specify) _____			
☐ GP ☐ SP ☐ Others (Please specify) _____			
☐ GP ☐ SP ☐ Others (Please specify) _____			

[1] "GP" refers to general practitioner and "SP" refers to specialist.

4. Please complete the following if you have sustained injury as a result of an accident		
4a. Date (dd/mm/yyyy) and time of accident	4b. Place of accident	4c. Is it work-related? ☐ Yes ☐ No
4d. State how the injury or accident happened		
4e. Is the medical expenses claimable under your company's Work Injury Compensation Act Policy?		☐ Yes ☐ No

5. Other information	
Are you making or intending to make a 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. **Note:** It is important that you inform us if you are claiming from other insurance or any other parties for the same bill. You can only claim or be reimbursed for the amount that you have incurred, regardless of the number of medical insurance policies you may have. We reserve the right to recover the excess amount paid to you.	☐ Yes ☐ No

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 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 membership or information checks;
(c) communicate on purposes relating to this transaction;
(d) decide whether to insure or continue to insure you and your insured persons;
(e) provide ongoing services and respond to your inquiries or instructions;
(f) make or obtain payments;
(g) investigate and settle claims;
(h) recover any debt owed to us;
(i) detect and prevent fraud, unlawful or improper activities;
(j) conduct research and statistical analysis;
(k) coach employees and monitor for quality assurance;
(l) reinsure risks and for reinsurance administration; and
(m) 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 and your insured persons for the purposes set out in Section 1 above 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 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.

For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to consentwithdrawal@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 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 of employee	Signature of employee	Date (dd/mm/yyyy)
Name and signature of patient (If different from the employee)	Signature of patient (To be signed by patient's parent or legal guardian if patient is below 21 years old)	Date (dd/mm/yyyy)

To be completed by employer

Name of employer	Policy number
Effective date of patient's insurance (dd/mm/yyyy)	Plan type

Name of authorised personnel	Signature and company's stamp	Date (dd/mm/yyyy)