



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 4000143844-01
Address of School/Centre	Zone <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Contact details (Mobile) (Office) (Email)
Name of Authorised staff of School/Centre		School's/Centre's stamp
Signature of Authorised staff of School/Centre	Date (dd/mm/yyyy)	

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	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd/mm/yyyy)	Level		
	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
	<input type="checkbox"/> Junior College/Centralised Institute <input type="checkbox"/> Mixed Level (Secondary & Junior College)		
	<input type="checkbox"/> Mixed Level (Primary & Secondary) Name of school/centre: _____ Class: _____		
Residential address		Contact details (Mobile) _____ (Home) _____ (Email)* _____ * It is important to provide email address. All correspondences will be sent via this email address.	

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	<input type="checkbox"/> Accidental <input type="checkbox"/> Physical Education (PE) <input type="checkbox"/> School Events <input type="checkbox"/> Sick (incl. food poisoning) <input type="checkbox"/> Student misbehaviour (incl. fight/bully) <input type="checkbox"/> To and from school <input type="checkbox"/> CCA/Sports (Please tick the type of CCA/Sports and indicate the name of the CCA/Sports) <input type="checkbox"/> Clubs & Societies (e.g. Chess/Debate/Library/Photography) _____ <input type="checkbox"/> Physical Sports (e.g. Basketball/Floorball/Football) _____ <input type="checkbox"/> Uniformed Groups (e.g. NCC/NPCC/Red Cross) _____ <input type="checkbox"/> Visual and Performing Arts (e.g. Band/Choir/Dance) _____		
Injury type	<input type="checkbox"/> Burns (incl. contact with chemical) <input type="checkbox"/> Cuts/Laceration/Abrasions <input type="checkbox"/> Dental-related injuries <input type="checkbox"/> Food poisoning <input type="checkbox"/> Fracture <input type="checkbox"/> Infectious Diseases (e.g. Dengue Fever, HFMD) <input type="checkbox"/> Insect Bites <input type="checkbox"/> Sprain/Twist/Tear/Swelling/Dislocation <input type="checkbox"/> 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.

☐ Yes

☐ No

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.

Payment mode: ☐ Cheque ☐ Direct credit to bank account¹ (Please provide supporting documents such as bank statement for verification of payee details.)

Name of payee (as shown in the NRIC/FIN)		NRIC, FIN or Passport number	Relationship to the insured
(Payee has to be student's parent/legal guardian and be above 21 years old)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	Date of birth (dd/mm/yyyy)	Contact details (Mobile) _____ (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.

Beneficial Ownership Declaration (For Death claim only) - This is NOT a nomination of beneficiaries of this

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Ownership Arrangement, please

1. Please submit a copy of their NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: www.income.com.sg/Policy-downloads-and-forms; and

2. Provide details below:

Name of Beneficial Owner	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Nationality	Gender	Relationship to Proposer
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Male	
<input type="checkbox"/> Singapore PR (Nationality) _____	<input type="checkbox"/> Female	
<input type="checkbox"/> Others _____		

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 and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) Ministry of Education (MOE) or its appointed financial advisers, 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 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 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 confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).
- e. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income has the right to recover any payment made by Income to me.
- f. 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)