



AIA SINGAPORE OUTPATIENT CLAIM FORM

Corporate Solutions

3 Tampines Grande, AIA Tampines #07-00, Singapore 528799 Fax: 6538 5603/6538 4340 Email: sg.eb.claims@aia.com

IHS / Clinical / Specialist

- This form is for filing of claims for:
 - Treatment at Government Polyclinics
 - Specialist Outpatient Treatment (if applicable), with referral letter from a registered general practitioner
 - Treatment at Non-panel Clinics
- Claims should be submitted within **20 days** with original bills and receipts. Original bills and receipts must show the patient's name, date of treatment, diagnosis and must have the attending physician's stamp and signature.
- Claims for Specialist Outpatient Treatment or X-rays/laboratory tests must include a copy of the attending physician's referral letter.
- Claims for purchase of drugs must include a copy of the attending physician's prescription.

Name of Employer (Company)				Policy No.:			
Name of Insured Employee			Date of Birth: ____mm/____dd/____yy		Plan:		
Employee's Email _____			Date of Employment: ____mm/____dd/____yy		NRIC / PP No.		
Member No. (refer to card): _____							
<input type="checkbox"/> Giro - Employee's Bank : Branch:..... Account no. :..... <input type="checkbox"/> Cheque - Employee's / Employer's Name :							
Type of Claim (please indicate): <div style="display: flex; justify-content: space-between;"> <div> <u>IHS General Practitioner</u> <input type="checkbox"/> Treatment at Non-panel GP Clinic <input type="checkbox"/> Treatment at Polyclinic </div> <div> <input type="checkbox"/> Emergency OP Treatment <input type="checkbox"/> Overseas OP Treatment </div> <div> <u>AIA Specialist Outpatient Plan</u> <input type="checkbox"/> Specialist Outpatient (OP) Treatment <input type="checkbox"/> Specialist OP Treatment (Pre/Post Hosp) </div> </div>							
					FOR AIA USE ONLY		
Date of Consultation (MMDDYY)	Name of Patient & Card Member No.	Ee/ Sp/ Ch*	Details of Claim/Diagnosis	Amount	Dep Code	Claim No.	Adjusted Amount
	Name : Member No. :						
	Name : Member No. :						
	Name : Member No. :						
	Name : Member No. :						
	Name : Member No. :						
Special Instruction/Remarks :							

*Ee: Employee / Sp: Spouse / Ch: Child



G5210000

Declaration and Authorisation (to be signed by the Patient/Guardian)

I/we hereby authorise, agree and consent to:

- a) persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "**Third Parties**") disclosing and releasing to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "**Personal Data**"), relevant for the Purpose (defined below);
- b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
- c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
- d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "**Using**"/"**Use**") the Personal Data for the Purpose; and
- e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/we hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "**Purpose**" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Date

Employee's Signature

Employer's Signature/ Company stamp