AXA INSURANCE SINGAPORE PTE LTD
143 Cecil Street #01-01 GB Building
Singapore 069542
Tel: (65) 6338 7288 Fax: (65) 6338 2522
Internet: www.axa.com.sg

COMBINED CLAIM FORM

Please send claim documents to:
MYCG PTE LTD
15 Jalan Rumia, Holland Village
Singapore 277982
Tel: (65) 6476 3829 / 9762 2062
Fax: (65) 6474 0089
Email: nus@mycg.com.sg
Web: www.mycg.com.sg/nusstudent

Please complete this form fully.
Incomplete forms may delay claim settlement.

SECTION I	**TYPE OF STUDENT**	**Policy Number(s)**
	☐ **International Undergraduate**	Q0020510 & P0661670
	☐ **Local & International Graduate and Non-Graduating**	Q0020511 & P0661671
	☐ **Others**	Q0020512 & P0661672

SECTION II TYPE OF CLAIM & CHECKLIST

☐ **Personal Accident** ☐ Completed Claim Form ☐ Original Medical Bills & Receipts ☐ Doctor's Memo providing description injury & treatment ☐ Police Report (for traffic accidents)	☐ **Outpatient Mental Health** ☐ Completed Claim Form ☐ Original Medical Bills & Receipts ☐ Referral Letter from NUS PGCS/UHWC ☐ Doctor's Memo providing description of condition & treatment
☐ **Hospitalisation & Surgical** ☐ Completed Claim Form ☐ Original Final Medical Bills & Receipts ☐ Discharge Summary/Day Surgery Authorisation Form ☐ Letter of Indemnity (if LOG was used)	☐ **Outpatient Specialist** ☐ Completed Claim Form ☐ Original Medical Bills & Receipts ☐ Referral Letter from GP/UHWC ☐ Doctor's Memo providing description of condition & treatment

SECTION A DETAILS OF INSURED PERSON (STUDENT)

Name of Insured Student (write in capitals, as per bank account)	Passport No.	Matriculation No.	Matriculation Date
E-mail	Telephone No.	Date of Birth	Sex ☐ Male ☐ Female
Address (in Singapore)			

SECTION B DETAILS OF BANK ACCOUNT – For approved claims, reimbursement will be credited to your bank account. Please provide the details.

Bank Name (please tick)	Branch	Account No.
☐ DBS/POSB ☐ UOB ☐ OCBC ☐ _____		| | | | | | | | | | | | | | | |

SECTION C DETAILS OF ILLNESS

1. Nature of Illness/Symptoms/Final Diagnosis	2. Date Symptoms First Noticed	
3. Nature of Treatment/Operation	4. Date First Treated	5. Hospitalisation Period

SECTION D DETAILS OF ACCIDENT

1. Description of Accident (how it happened)	2. Place of Accident	3. Date of Accident	4. Time of Accident
5. Nature of Injury	6. Treatment/ Operation	7. Hospitalisation Period	8. Is this a job-related injury ☐ No ☐ Yes

SECTION E OTHER INFORMATION

1. Has the illness been treated before? Has the same part been injured before? ☐ No ☐ Yes, please state date first occurred	2. Are you making a claim for this treatment from any other insurance company? ☐ No ☐ Yes, please state name of insurer
3. Name & Address of Attending Doctor/Clinic/Hospital	

SECTION F DECLARATION & AUTHORISATION

I hereby authorise any hospital, physician, person or organisation who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Singapore Pte Ltd any and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, of if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.

Signature of Insured Student	Date

FOR OFFICIAL USE ONLY

Student Status at time of treatment	Premium Paid? ☐ No ☐ Yes	Student Covered? ☐ No ☐ Yes	LOG Utilised? ☐ No ☐ Yes	Pre-existing Covered? ☐ No ☐ Yes	