



Pre/Post-Hospitalisation & Outpatient Hospital Treatment Claim IncomeShield

Please submit your claims via My Income Customer Portal. (Preferred submission mode)
Alternatively, you may submit your claim via email to us at healthcare@income.com.sg

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 Insurance. Any documentary proof or report required by Income Insurance shall be furnished at the expense of the policyholder or claimant. Income Insurance reserves the rights to request for additional documents when deemed necessary.
2. All benefits under IncomeShield will end when the insured, who is a foreigner, no longer has an eligible valid pass, and we will **NOT** be legally responsible for any further payment under this policy. Eligible valid pass means a valid pass with a foreign identification number (FIN) recognised by the Immigration and Checkpoints Authority of Singapore (ICA), for example, student's pass, work pass, long term pass and dependant's pass.
3. Please submit pre/post-hospitalisation claims only after you have received our letter informing you that your claim for inpatient hospitalisation/day surgery/outpatient hospital treatment has been approved.
4. Please submit the following documents:
 - (i) Duly completed and signed claim form
 - (ii) Finalised copies of your tax invoices (itemised bills), bills and receipts
 - For bill showing outstanding amount, please submit proof of payment e.g. receipt
 - For bill paid with Medisave, please submit a copy of the Medisave Transaction Statement with HRN.
 The CPF member can login to www cpf gov sg -> Click on "my cpf" -> Go to "My dashboards", click on "Healthcare" -> Scroll down & click on "Latest Healthcare payments and claims" -> Click on "View past 15 months" -> Select the date range & "Search" -> Select the Hospitalisation Period & click on "V" icon for "Claim breakdown" -> Screenshot the "MediSave payment and claims"
 - (iii) Any supporting documents (such as Inpatient Discharge Summary, doctor's memo, referral letter)
5. Please keep the original final tax invoices (itemised bills), bills, receipts or relevant documents for the next 6 months. Income Insurance reserves the rights to call for the original copies of these documents for verification.
6. All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
7. Please continue with premium payment to ensure policy remains inforce.
8. **Before the submission, do ensure your contact details (address, email and contact numbers) with us are updated. Please scan the QR code on page 1 of this form to update your particulars. We will correspond with you based on your contact details registered with us. Please note that the contact details provided in this form will **NOT** be updated in our records.**

To be completed by policyholder

1. Particulars of policyholder

1a. Policy number	1b. Full name (as shown in NRIC/FIN card/Passport)		
1c. NRIC/FIN/Passport number	1d. Date of birth (dd/mm/yyyy)	1e. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	1f. Contact number

2. Particulars of insured (If different from Policyholder)

2a. Full name (as shown in NRIC/FIN card/Passport/Birth Certificate)		
2b. NRIC/FIN/Passport/Birth Certificate number	2c. Date of birth (dd/mm/yyyy)	2d. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed by policyholder (continued)

3. Details of Pre/Post-Hospitalisation Treatment or Outpatient Hospital Treatment

3a. Details of your approved Hospitalisation/Day Surgery/Outpatient Hospital Treatment¹

i) Claim No. ii) Treatment period

You are claiming for:

- Pre/Post-Hospitalisation Treatment
- Outpatient Hospital Treatment (Only for treatment that cannot be electronically submitted by Medical Institution)²

3b. If you have selected Outpatient Hospital Treatment, please choose one of the treatments below

<input type="checkbox"/> Cancer drug services	<input type="checkbox"/> Long-term parenteral nutrition	<input type="checkbox"/> Pasteurised Donated Human Milk ³
<input type="checkbox"/> Radiotherapy for cancer	<input type="checkbox"/> Paediatric Home Care ³	<input type="checkbox"/> Hyperbaric Oxygen Therapy ³
<input type="checkbox"/> Kidney dialysis	<input type="checkbox"/> Negative Pressure Wound Therapy ³	<input type="checkbox"/> Outpatient Parenteral Antibiotic Therapy ³
<input type="checkbox"/> Erythropoietin for chronic kidney failure	<input type="checkbox"/> Repetitive Transcranial Magnetic Stimulation ³	
<input type="checkbox"/> Immunosuppressants for organ transplant	<input type="checkbox"/> Home Ventilation and Respiratory Support Service ³	

¹ You may refer to our settlement letter to obtain the details.

² If you are claiming for Cancer Drug Treatment, please complete the Attending Medical Practitioner's Statement specifically for cancer drug treatment.

³ Please note that these treatments are covered under Enhanced IncomeShield Preferred and Enhanced IncomeShield Advantage plans only, and subject to other conditions of the policy.

4. 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 from the other insurance company or other sources.

Yes No

No

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.

Payment mode

Please tick only one of the boxes below to indicate payment mode ^{1,2}

- Direct credit to your bank account³ (Please submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders. Please circle the account for crediting if your statement shows more than 1 bank account.)
- PayNow to your NRIC/FIN linked account. Please ensure that your PayNow is linked to your NRIC/FIN. Visit income.com.sg/payout/paynow for more details on PayNow.

Notes:

¹ We reserve the right to request for a copy of your bank book/statement for account verification before payment at any point in time where we deem necessary.

² If there is a change of bank account, please submit to us a copy of your new bank book/statement for account verification and for us to update your bank account record with us.

³ If you opt for direct crediting and we did not receive your bank book/statement or were not able to verify your bank details, PayNow NRIC/FIN will be the default payment mode.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income Insurance including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my/our family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) to Income Insurance Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Personal Data Use Statement.

I/we agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Declaration and authorisation

1. I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
4. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
5. For the purpose of administering and processing my claim, I authorise, consent and agree to:
 - a. The medical source, insurance office, reinsurer, organisation to release to Income Insurance any medical or relevant information to do with me or the insured;
 - b. Income Insurance and its relevant third parties stated in Income Insurance's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
 - c. Income Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance to assess this claim.
6. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
7. I confirm that all copies of the claim documents that I have submitted to Income Insurance are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income Insurance to verify its authenticity.
8. I am aware that Income Insurance may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me.
9. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income Insurance for reimbursement and I have not made nor will I make any claim against any other source for the same bill(s)/invoice(s).
10. If I have made a claim from other source,
 - a. I agree that I will provide a copy of any document requested by Income Insurance of the payment received by me;
 - b. I am aware that Income Insurance will not reimburse me if I have been fully reimbursed by such source;
 - c. I am aware that Income Insurance may only reimburse me up to the remaining balance of the unpaid bill/invoice I have been partially reimbursed by such source;
 - d. I undertake to refund on demand any payment made by Income Insurance to me which exceeds what I have incurred in total.
11. I understand that I must give Income Insurance all documents, authorisations or information required by Income Insurance to assess the claim. If I fail to co-operate with Income Insurance in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income Insurance may reject the claim.
12. I agree that if I or any "Relevant Person" is found to be a "Prohibited Person":
 - if any policy is issued, you are entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Your decision in every respect of the above will be final.

I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

[#] *Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.*

⁺ *Prohibited Person means a person or entity who is, or who is "Related to a person or entity:*

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or*
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*

[^] *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*

13. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scan.

Full name (as shown in NRIC/FIN card/Passport) and signature of Policyholder	NRIC/FIN/Passport	Date signed (dd/mm/yyyy)
Full name (as shown in NRIC/FIN card/Passport) and signature of Insured who is 21 years old or above (if different from policyholder)	NRIC/FIN/Passport	Date signed (dd/mm/yyyy)