Allianz Insurance Singapore Pte. Ltd.

PERSONAL ACCIDENT CLAIM FORM

ALLIANZ ACCIDENT PROTECT PLUS

THE POLICYHOLDER/CLAIMANT IS REQUESTED TO NOTE:

(a) This form must be completed truthfully and accurately.

(b) This form must be filled up and delivered to the Company by email or by post together with all supporting documents in Appendix 1 within 30 days of the occurance.

(c) Please provide a copy of the marriage certificate and/or the birth certificate for policy bought under a family/child plan. If this is a personal policy only for yourself, a copy of the NRIC/work permit (back and front) is sufficient.

(d) Please state all relevant information requested in this claim form, as complete and accurate as possible together with the supporting documents required. Any documents or reports required to process this claim shall be furnished at the expense of the Policyholder or Claimant.

(e) The list of documents required is not exhaustive and we may require or request from you additional information/documentation as necessary to process your claim. The submission of an incomplete form, insufficient information or documentation may delay the processing or result in the denial of your claim.

(f) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.

(g) The issuance or acceptance of this form is not an admission of liability by the Company.

Type of Claim

- ☐ Death
- ☐ Total/ Partial Permanent Disablement
- ☐ Bereavement Allowance/ Grant
- ☐ Medical/ Surgical Expense
- ☐ Ambulance/ Transport Fee
- ☐ Mobility Aids/ Home Modification
- ☐ Infectious Disease Benefit
- ☐ Recuperation Benefit
- ☐ Daily Hospitalisation Cash Benefit
- ☐ Weekly Cash Benefit
- ☐ Child Education Fund

Claim Submission ☐ New Claim ☐ Existing reported claim under claim no: _____

Note: Please refer to the eligible benefits cover under your policy before selecting the appropriate box.

SECTION I : POLICYHOLDER INFORMATION

Policy No: | Name of Policyholder: (As per NRIC/FIN/Passport)

NRIC/FIN No: | Gender: ☐ Male ☐ Female | Occupation:

Contact Details: (Mobile) (Home) (Email)

Correspondence Address:

SECTION II : CLAIMANT INFORMATION (IF DIFFERENT FROM POLICYHOLDER)

Name of Claimant (As per NRIC/FIN):

NRIC/FIN No: | Gender: ☐ Male ☐ Female | Occupation:

Contact Details: (Mobile) (Home) (Email)

Correspondence Address:

Relationship between Claimant and Policyholder:

SECTION III : INJURY/DISEASE/ACCIDENT INFORMATION

Date & Time of Injury/Disease/Accident: (DD) (MM) (YY) | (Hours) (Mins) ☐ AM ☐ PM

Where and how did the injury/disease/accident occur? In the case of disease, when did the symptom(s) appear and what were the symptom(s)?

Nature and extent of the injury & part of the body affected:

If you had a history of a similar injury/disease/accident before, please give details of the Attending Doctor, date of diagnosis and type of treatment received. Please specify recovery date (if any).

Is this a work related injury/disease/accident? ☐ Yes ☐ No
If yes, please state the name of the employer, the insurance company for Work Injury Insurance and the policy no.

Name and address of any witness of the accident

SECTION IV : MEDICAL INFORMATION

Name of Clinic/Hospital: | Contact No:

Address:

Admission Date: (DD) (MM) (YY) | Discharged Date: (DD) (MM) (YY)

Diagnosis and Type of Treatment Received:

No. of MC Days:

Name of Clinic/Hospital: | Contact No:

Address:

Admission Date: (DD) (MM) (YY) | Discharged Date: (DD) (MM) (YY)

Diagnosis and Type of Treatment Received:

No. of MC Days:

Name of Clinic/Hospital: | Contact No:

Address:

Admission Date: (DD) (MM) (YY) | Discharged Date: (DD) (MM) (YY)

Diagnosis and Type of Treatment Received:

No. of MC Days:

Name of Clinic/Hospital: | Contact No:

Address:

Admission Date: (DD) (MM) (YY) | Discharged Date: (DD) (MM) (YY)

Diagnosis and Type of Treatment Received:

No. of MC Days:

SECTION V : DETAILS OF OTHER INSURANCE CLAIMS

Name of Insurer	Policy No:	Type of Benefit	Date of Filed Claim (If Any)	Amount Claimed

PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd. , ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

1. Purpose Of Collecting Personal Data

We may use the personal data for the following purposes:

(a) processing and evaluating your insurance application, including submitting your application for reinsurance purposes;

(b) administering your insurance policy and providing services in relation to your insurance policy;

(c) investigating, process and pay claims made under your insurance policy;

(d) invoicing and collecting premiums and outstanding amounts from you;

(e) verifying your identity;

(f) detecting and preventing fraud;

(g) carrying out market research for business insights;

(h) conducting statistical analysis and profiling analysis;

(i) conducting research and quality assurance;

(j) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;

(k) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;

(l) facilitating and managing business operations, including but not limited to disaster recovery, data entry and data storage; and

(m) any other incidental business purposes related to or in connection with the above

2. Disclosure Of Personal Data

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

(a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;

(b) insurers and reinsurers;

(c) medical institutions and professionals;

(d) industry associations;

(e) debt collection agencies;

(f) parties who assist us in claim investigation, administration and adjudication;

(g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and

(h) regulators, government agencies and law enforcement agencies.

3. Withdrawal Of Consent

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data at any time for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. Your withdrawal consent will take effect within 30 days of receiving your request. Consequently, we will cease to collect, use or disclose your Personal Information, unless it is required under the Personal Data Protection 2012 or any other written Applicable Laws. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

4. For Enquiries Relating To Personal Data Protection, Access Or Correction Of Your Personal Data, Please Write To Us At:

The Data Protection Officer
Allianz Insurance Singapore Pte. Ltd.
79 Robinson Road #09-01
Singapore 068897
Email: **dpo@allianz.sg**

DECLARATION

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We authorize the release of my/our medical information necessary to process this claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore all personal data related to me and other individuals provided by me in this application for one or more above mentioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Claimant: _____

Name of Claimant: _____

Date: _____

Signature of Policyholder: _____

Name of Policyholder: _____

Date: _____

APPENDIX I : DOCUMENTS AND INFORMATION REQUIRED FOR CLAIM ASSESSMENT

- [ ] Duly completed and signed claim form applicable for all relevant sections

Personal Information

- [ ] NRIC/ Identity Card/ Work Permit Card (Front and Back)
- [ ] Marriage Certificate (for a Spouse claim)
- [ ] Birth Certificate

Accidental Death Claim, Bereavement Allowance/ Grant Claim, Child Education Fund Claim

- [ ] Police Report, if the Injured/ Insured person was involved in a motor vehicle accident or any accident that required such report to be lodged
- [ ] Deceased's Driving License, if driving at the time of accident
- [ ] Death Certificate (Certified True Copy)
- [ ] Coroner's Report, if any
- [ ] Autopsy Report/ Post Mortem Report/ Toxicology Report, where applicable
- [ ] Grant of Probate or Letters of Administration

Total Permanent Disablement/ Partial Permanent Disablement Claim, Mobility Aids & Home Modification Claim

- [ ] Medical report, X-ray and/or other medical investigation reports stating extent of the Injured's/ Insured Person's accidental injury
- [ ] Doctor's memorandum/certification letter stating the Injured's/ Insured Person's nature of injury, i.e., total or partial disablement and an update of the latest medical condition
- [ ] Police Report, if the Injured/ Insured person was involved in a motor vehicle accident or any accident that required such report to be lodged
- [ ] Injured's/ Insured Person's Driving License, if he/she was driving at the time of accident
- [ ] Attending physician's certification letter/ memorandum/ referral letter for mobility aids or home modification to cope with the permanent disablement of 50% or more

Medical & Surgical Expenses Claim, Ambulance/ Transport Fee Claim, Daily Hospital Cash Benefit Claim, Recuperation Benefit Claim, Infectious Disease Benefit Claim

- [ ] Inpatient Discharge Summary report, if hospitalized and/or other medical investigation reports stating the accidental injury or diagnosis
- [ ] Doctor's memorandum/certification letter stating the nature of accidental injury or diagnosis
- [ ] Police Report, if the Injured/ Insured person was involved in a motor vehicle accident or any accident that required such report to be lodged
- [ ] Injured/ Insured Person Driving License, if he/she was driving at the time of accident
- [ ] Billing invoice and/or offical receipt for the ambulance or taxi fees rendered in Singapore, if applicable
- [ ] All related final hospital bill, detailed bill, medical tax invoice and/or official receipt
- [ ] All related medical certificates isused by the same treating hospital stating the confinement period
- [ ] Detailed bill/ invoice stating the diagnosis, treatment and medication prescribed for an accidental injury treatment sought at a registered TCM clinic

Weekly Cash Benefit Claim

- [ ] Police Report, if the Injured/ Insured person was involved in a motor vehicle accident or any accident that required such report to be lodged
- [ ] Injured's/ Insured Person's Driving License, if he/she was driving at the time of accident
- [ ] Medical certification/ Doctor's memorandum stating Injured/ Insured Person's nature of injury
- [ ] Medical Certificate/ Sick Leave

Note:

I. *Please refer to the eligible benefits cover under your policy.*

II. *Should there be any claim(s) settlement from another insurer, please provide their settlement of claim(s) letter and detailed breakdown of the claim(s) settled.*

III. *The list of documents requested for our claim assessment is not exhaustive and we may need your co-operation to provide the additional information and/or documents if necessary.*