



GROUP MATERNITY CLAIM FORM

Dear insured employee / spouse (“life insured”),

We refer to your claim for maternity benefit.

In order for us to process your claim, we require the following:

- (1) Group Maternity Claim Form (to be completed by both employer and life insured)
- (2) Copy of child health booklet showing details of the child delivery
- (3) Original final hospital bills
- (4) Detailed hospital bills are required for admission to private hospitals

Please complete **ALL** questions in the form for prompt settlement of the claim.

Once we have received **ALL** the above required documents, we will process your claim and inform you of the outcome as soon as possible.

All the required documents must be forwarded to our company within **30 DAYS** from the date of discharge from the hospital.

Upon approval of the claim, the claim cheque will be made in favour of the employer / company unless otherwise instructed by the employer / company under Page 2 of the claim form.

NOTE:

- Please use the **Group Hospital & Surgical Claim Form** if you are making a claim for miscarriage or ectopic pregnancy.



GROUP MATERNITY CLAIM FORM

IMPORTANT NOTES:

- (1) The issue of this claim form is not an admission of liability
- (2) Tokio Marine Life Insurance Singapore Ltd. ("TMLS") reserves the right to request for additional medical reports when it deems necessary

PART 1 : TO BE COMPLETED BY THE EMPLOYER / COMPANY

Name of employer: _____ Group policy no.: _____

Name of employee: _____ Subsidiary / cost centre: _____
(For headcount case)

NRIC / Passport no.: _____ Gender: Male Female

Date of birth: _____ Marital status: _____ Designation: _____

Date of employment: _____ Plan: _____

PAYMENT OF CLAIM

Kindly state to whom the claims cheque should be made payable to:

- Employer / Company Employee

Personal Data Notice

We represent to, warrant and undertake with TMLS that collective consents have been obtained from each of the employees and their respective life assureds and dependants allowing TMLS to collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form or TMLS's Data Protection Policy available at www.tokiomarine.com, which we / they have read, understood and agreed to the same.

Company's Stamp and Authorized Signature

Date (dd/mm/yyyy)

PART 2 : TO BE COMPLETED BY LIFE INSURED

2.1 Details

Name of life insured : _____

NRIC / Passport no. : _____ Date of birth : _____

Occupation : _____ Gender: Male Female

2.2 Details of Claims

2.2.1 Name of hospital / clinic: _____

Date of admission: _____ Date of discharge: _____

Personal Data Notice

I agree and consent that TMLS may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or TMLS's Data Protection Policy available at www.tokiomarine.com, which I have read, understood and agreed to the same.

Declaration

I declare that all answers given by me in this form is in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted.

I hereby authorize:

- (a) any medical source, insurance office, or organization to release to or when requested to do so by TMLS, any relevant information concerning the above-named employee, and;
- (b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning the above-named employee, at any time.

A photocopy of this authorization shall have the same effect as the original.

Signature of life insured _____ Date (dd/mm/yyyy)

Name of life insured : _____

Address: _____

NRIC No: _____ Relationship to employee: _____

Contact No(s) : _____ Email : _____