TOKIO MARINE
INSURANCE GROUP

GROUP PERSONAL ACCIDENT CLAIM FORM

Dear life assured / insured employee / spouse or child ("life insured"),

We are sorry to learn about your accident.

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

(1) Group Personal Accident Claim Claimant's Statement
(2) Group Personal Accident Claim Doctor's Statement (refer to Note A below)
(3) Certified copy* of NRIC / Passport of life insured (for non-death claim)
(4) Consent Form For Medical Report
(5) Original medical tax invoices / receipts (if covered under medical expenses benefit)
(6) Copy of medical certificates (if covered under temporary total disability and temporary partial disability benefits)
(7) Certified copy* of death certificate (in the event of death)
(8) Certified copy* of autopsy & toxicology reports (in the event of death)
(9) Copy of police report (if injury is due to a road traffic accident)
(10) Certified copy* of child's birth certificate (for free child cover benefit)

** Certified copy by employer (if plan is on group basis) or by our customer service officers or claim staff (if plan is on individual basis)*

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

Note:

(A)
- For temporary, total & continuous disability claim with medical / hospitalization leave **exceeding 30 days**, medical report must be completed.
- For temporary, total & continuous disability claim not exceeding **30 days**, we may consider waiving the medical report if there is sufficient documentary evidence to show the cause of disability and period of disability.
- For claim on death, dismemberment and other losses, medical report must be completed.
- Medical report fee to be borne by assured

Submission of claim documents (applicable only if plan is on individual basis)

Please submit all claim documents:

(I) Through your servicing adviser; OR

(II) Personally or by post to the below address:

Customer service section
20 McCallum Street
#07-01 Tokio Marine Centre
Singapore 069046

TOKIO MARINE
INSURANCE GROUP

GROUP PERSONAL ACCIDENT CLAIM
CLAIMANT'S STATEMENT

IMPORTANT NOTES :

(1) The issue of this claim form is not an admission of liability
(2) If plan is on group basis, Part 1 & 3-7 of this claim form is to be completed by the employer and life insured respectively
(3) If plan is on individual basis, the life insured is to complete Part 2-7 of this claim form
(4) Tokio Marine Life Insurance Singapore Ltd. ("TMLS") reserves the right to request for additional medical reports when it deems necessary
(5) For accidental death claim, please complete the Individual Death Claim Form

PART 1 : TO BE COMPLETED BY THE EMPLOYER / COMPANY (Applicable if plan is on group basis)

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: _____

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)

Name: _____ NRIC / Passport No. _____

Designation: _____ Email Address: _____

PART 2 : TO BE COMPLETED BY LIFE ASSURED (applicable if plan is on individual basis)

2.1 Policy No. (a) _____ (b) _____

PART 3 : DETAILS OF LIFE INSURED

3.1 Name : _____ NRIC / Passport No : _____
(as stated in NRIC / Passport)

3.2 Residence address : _____

3.3 Present occupation : _____

3.4 Name & address of employer : _____

3.5 Description of duties : _____

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

(To be signed by insured's parent or legal guardian if insured is below 21 years old)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

PART 4 : DETAILS OF INSURED [if different from life insured]

4.1 Name : _____ NRIC / passport no : _____
(as stated in NRIC / Passport)

4.2 Relationship to life insured : _____

4.3 Residence address : _____

4.4 Contact No. : _____ (H) _____ (O) _____ (HP)

PART 5 : DETAILS OF ACCIDENT

5.1 Date of accident _____ Time of accident : _____
(dd/mm/yyyy)

Place of accident _____

5.2 Describe in detail how the accident happened :

_____

5.3 Please describe the nature and extent of injuries sustained :

_____

_____

5.4 Was there any eye-witness to the accident? ☐ Yes ☐ No
If **yes**, please provide the name(s) and address(es) of witness(es) :

_____

5.5 Was the accident reported to the police? ☐ Yes ☐ No
If **yes**, please provide the name of the police station reported to and enclose a copy of the police report :

_____

PART 6 : DETAILS OF DISABILITY

6.1 Did you submit a medical leave certificate to your employer? ☐ Yes ☐ No
If **yes**, please state :
Period of medical leave given : From : _____ To : _____
(dd/mm/yyyy) (dd/mm/yyyy)

Period of light duties given : From : _____ To : _____
(dd/mm/yyyy) (dd/mm/yyyy)

6.2 Date when you return to work : _____
(dd/mm/yyyy)

6.3 Date when you resume all responsibilities of your occupation : _____
(dd/mm/yyyy)

6.4 If you have not returned to work, please state the date when you are expected to return to work : _____
(dd/mm/yyyy)

_____ _____
Signature of insured Date (dd/mm/yyyy)
(To be signed by insured's parent or legal guardian if insured is below 21 years old)

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

PART 7 : DETAILS OF DOCTOR(S) CONSULTED OR HOSPITAL(S) ADMITTED FOR THIS INJURY

7.1 Name and address of doctor who first attended to you after the accident :

_____

7.2 Date when the doctor first attended to you : _____
(dd/mm/yyyy)

7.3 Name and address of doctor who is now attending to you, if not the same as above :

_____

PART 8 : OTHER INSURANCES

8.1 Are you insured with other insurance company(ies)? ☐ Yes ☐ No

If **yes**, please provide the following details :

Name of insurance company	Date of issue	Sum assured	Type of plan	Claim amount	Claim notified
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Personal Data Notice

I agree and consent that Tokio Marine Life Insurance Singapore Ltd. ("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 below-named employee, and;

(b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning the below-named employee, at any time.

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

_____ _____

Signature of insured
(to be signed by insured's parent or legal guardian if insured is below 21 years old)

Date (dd/mm/yyyy)

Name : _____ NRIC No : _____
(as stated in NRIC)

Contact No(s) : _____ (H) _____ (O) _____ (HP)

Relationship to Life Assured : _____

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

GROUP PERSONAL ACCIDENT CLAIM
DOCTOR'S STATEMENT

1 Name of patient : _____ NRIC / Passport no : _____
(as stated in NRIC/Passport)

2 **DETAILS OF ACCIDENT**

(a) Date of accident : _____ Time of accident : _____
(dd/mm/yyyy)

Place of accident : _____

(b) Describe in details how the accident happened :

_____

_____

(c) Please describe in details the nature and extent of injuries / disabilities :

_____

_____

(d) Were the injuries / conditions the result of the accident described above? ☐ Yes ☐ No

3 Was the cause of patient's condition directly or indirectly due to:

(a) self inflicted injury e.g. voluntary causing hurt, attempt suicide ☐ Yes ☐ No

(b) any deliberate or intentional act of the patient, or putting oneself in danger if such an act could have been reasonably avoided ☐ Yes ☐ No

(c) pregnancy, miscarriage, childbirth, abortion, sterilization, contraception or treatment for infertility or any complications that may have been accelerated or induced by Injury ☐ Yes ☐ No

(d) any form of dental care or treatment ☐ Yes ☐ No

(e) any elective surgery, cosmetic or plastic surgery not necessitated by injury or illness ☐ Yes ☐ No

(f) any form of mental or psychiatric order ☐ Yes ☐ No

(g) alcohol, drug abuse or the use of unprescribed drugs where such drugs are required by law to be prescribed by a registered doctor ☐ Yes ☐ No

(h) treatment for congenital anomalies and physical defects ☐ Yes ☐ No

(i) Acquired Immuno Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection or any associated complications ☐ Yes ☐ No

(j) any communicable or infectious disease which has been announced as an epidemic by the local authority or pandemic by the World Health Organization ☐ Yes ☐ No

(k) engagement in aerial activities other than travelling as a fare-paying passenger or as a crew member on a licensed aircraft operated by a regular airline on a scheduled route ☐ Yes ☐ No

(l) engagement in hazardous sport(s) (e.g. scuba diving, sky diving, mountaineering, wrestling) ☐ Yes ☐ No

(m) participation as a professional in competitive sports ☐ Yes ☐ No

If any of the answer to question 3(a) to (m) above is **yes**, please provide full details :

_____

_____ _____

Hospital / Clinic Stamp

Signature of Attending Doctor

Date (dd/mm/yyyy) _____

Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

4 **DETAILS OF CONSULTATION / TREATMENT**

(a) Was the patient hospitalised as a result of the injuries caused by the accident as indicated in 2(b)? ☐ Yes ☐ No

If **yes**, please state the name of hospital and period of hospitalisation :

Name of hospital : _____

Period of hospitalisation : From : _____ (dd/mm/yyyy) To : _____ (dd/mm/yyyy)

(b) Was the patient confined in an intensive care unit of the hospital? ☐ Yes ☐ No

If **yes**, please indicate the period of hospitalisation in the intensive care unit:

Period of hospitalisation in the intensive care unit: From : _____ (dd/mm/yyyy) To : _____ (dd/mm/yyyy)

(c) Please provide full details of all treatment provided and the response :

_____

_____

(d) Is the patient scheduled for further surgery? ☐ Yes ☐ No

If **yes**,

(i) Please specify the tentative date of surgery : _____ (dd/mm/yyyy)

(ii) Type of surgery performing :

5 **DETAILS OF DISABILITY**

Note :

- **Total disability refers to disability which prevents the patient from performing each and every duty of his/her occupation.**
- **Partial disability refers to disability which prevents the patient from performing one or more duties of his/her occupation.**

(a) (i) Please state the period of total disability From : _____ (dd/mm/yyyy) To : _____ (dd/mm/yyyy)

(ii) Was medical certificate issued for the above stated period? ☐ Yes ☐ No

If **no**, please provide reason(s) :

_____

_____

(iii) How and to what extent does the patient's total disability prevent him / her from performing all duties of his / her occupation?

_____

_____

(iv) How long is the total disability expected to last? Please provide us with a tentative date.

_____

_____

_____ _____

Hospital / Clinic Stamp Signature of Attending Doctor

Date (dd/mm/yyyy) _____ Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

(b) (i) Please state the period of Partial Disability From : _____ (dd/mm/yyyy) To : _____ (dd/mm/yyyy)

(ii) Was medical certificate issued for the above stated period? ☐ Yes ☐ No

If **no**, please provide reason(s) :

_____

(iii) How and to what extent does the patient's partial disability prevent him / her from performing all duties of his / her occupation?

_____

_____

(iv) How long is the partial disability expected to last? Please provide us with a tentative date.

_____

6 **ACTIVITIES OF DAILY LIVING ("ADL") FUNCTION**

Please tick as applicable in relation to the patient's ADL ability.
Notes:
"No assistance" means the patient requires no assistance to perform the ADL.
"Some assistance" means the patient requires some assistance /supervision to perform the ADL.
"Substantial assistance" means the patient requires assistance at least 75% of the time to perform ADL.
"Full assistance" means the patient is not able to perform the ADL even with the aid of special equipment, and always requiring the physical help of another person throughout the entire ADL.

(a) **Washing** – Ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by any other means.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (in DD/MM/YY) when such assistance became necessary:

_____

_____

(b) **Dressing** – Ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical or medical appliances.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

_____

_____

_____ _____

Hospital / Clinic Stamp Signature of Attending Doctor

Date (dd/mm/yyyy) _____ Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

(c) **Toileting** – Ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate so as to maintain a satisfactory level of personal hygiene.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

_____

_____

(d) **Mobility** – Ability to move indoors from room to room on level surfaces.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

_____

_____

(e) **Transferring** – Ability to move from a bed to an upright chair or wheelchair and vice versa.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

_____

_____

(f) **Feeding** – Ability to feed oneself once food has been prepared and made available.

☐ No assistance ☐ Some assistance ☐ Substantial assistance ☐ Full assistance

If the patient requires assistance, please state the date (dd/mm/yyyy) when such assistance became necessary:

_____

_____

7 Did the patient suffer any dismemberment and burns? ☐ Yes ☐ No

If **yes**, please tick where applicable.

(a) Loss of or the total permanent loss of use of:

☐ 2 limbs ☐ 1 limb and the total permanent loss of sight of 1 eye

☐ 1 limb

_____ _____

Hospital / Clinic Stamp Signature of Attending Doctor

Date (dd/mm/yyyy) _____ Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

(b) Sight – total permanent loss of:

☐ Sight in both eyes ☐ the lens of 1 eye

☐ Sight in 1 eye

(c) Speech & hearing – total permanent loss of:

☐ speech and hearing ☐ hearing of both ears

☐ speech ☐ hearing of one ear

(d) Hand – loss of or the total permanent loss of use of:

☐ 4 Fingers and thumb of one hand ☐ Finger (3 phalanges per finger)

☐ 4 Fingers of one hand ☐ Finger (2 phalanges per finger)

☐ Thumb (both phalanges per thumb) ☐ Finger (1 phalanx per finger)

☐ Thumb (1 phalanx per thumb)

(e) Foot – loss of or the total permanent loss of use of:

☐ all toes of 1 foot ☐ great toe – 1 phalanx

☐ great toe – 2 phalanges ☐ Other than great toe, each toe

(f) Leg:

☐ Fractured leg or patella with established non-union

☐ Shortening of leg by at least 5 cm

(g) Third degree Burns:

Head – Damage as a percentage of total body surface area:

☐ equals to or greater than 2% but less than 5%

☐ equals to or greater than 5% but less than 8%

☐ equals to or greater than 8%

Body – Damage as a percentage of total body surface area:

☐ equals to or greater than 10% but less than 15%

☐ equals to or greater than15% but less than 20%

☐ equals to or greater than 20%

8 MEDICAL HISTORY

(a) Are you the patient's regular doctor? ☐ Yes ☐ No

If **yes**, since when : _____ (dd/mm/yyyy)

Hospital / Clinic Stamp

Date (dd/mm/yyyy) _____

Signature of Attending Doctor

Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

(b) Did the patient consult other doctors for injury / disability prior to consulting you? ☐ Yes ☐ No

If **yes**, please provide the name(s) and address(es) of the doctor(s) whom the patient's has consulted :

(c) Is the patient now, or was the patient before or at the time of accident, suffering from or affected by any illness or physical infirmity or disease which may be likely in any way to slow down the patient's recovery from it? ☐ Yes ☐ No

If **yes**, kindly state the nature and to what extent the recovery of the patient may be affected :

(d) Please comment the usual recovery time of the injuries if the patient did not have the above mentioned illness or physical infirmity or disease :

(e) Has the patient been admitted to any hospital or treated before, either for the same or different cause? ☐ Yes ☐ No

If **yes**, please state :

Name of doctor	Name of hospital	Diagnosis / Cause	Date of hospitalisation

9 Kindly provide us with additional information, if any, to further assist us in assessing this claim :

Hospital / Clinic Stamp

Date (dd/mm/yyyy)

Signature of Attending Doctor

Name and Address

Qualification

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

CONSENT FORM FOR MEDICAL REPORT

NAME OF PATIENT : _____

NRIC NO. : _____ POLICY NO. : _____

This consent form is required for an insurance claim.

Authorization

I hereby authorize:

(a) any medical source, insurance office, or organization to release to or when requested to do so by Tokio Marine Life Insurance Singapore Ltd. ("TMLS"), any relevant information concerning the above-named patient, and;

(b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning the above-named patient, at any time.

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

Yours faithfully

_____

Signature of *Patient / Patient's Parent / Next-Of-Kin

Name : _____

Address : _____

_____

Relationship to Patient : _____ NRIC No. : _____

* Delete accordingly

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No.: 194800055D)
20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com