



**Tokio Marine Insurance Singapore Ltd.**

Company Reg. No. : 192300014M  
 20 McCallum Street  
 #09-01 Tokio Marine Centre  
 Singapore 069046  
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 Website : www.tokiomarine.com.sg

**HOSPITAL & SURGICAL CLAIM FORM**

The issue of this form is not an admission of liability on the part of the company  
 All original medical bills & receipts must be submitted with this form to expedite claims handling Fire & GA Claims Dept Fax: 6225 9887

**PART 1**

**A. DETAILS OF POLICY HOLDER/EMPLOYEE/PATIENT**

Name Of Policyholder	Policy No. Plan. Date Of Enrolment/Cover
Name of Employee :	Date Of Employment :
Name Of Patient:  Relationship of patient to employee : Self / Spouse / Child Occupation of patient:	Sex: Male / Female Marital Status:  NRIC/Passport/BC No.: Date Of Birth:
If patient is not employee, please furnish patient's employer's name:	

**B. SICKNESS (THIS SECTION MUST BE ANSWERED IN FULL)**

Nature Of Sickness	Date First Began : Date First Treated : Date Of Previous Treatment :
Is the sickness due to pregnancy, abortion, sterilisation or infertility? If yes, please specify condition & approximate date of commencement? Date of last pregnancy, if applicable :	Yes / No / Not Applicable
Has The Sickness Been Treated Previously? Yes / No If Yes, Name & Address Of Physician	Did sickness arise from employment? Yes / No

**C. INJURY**

Date & Time of accident	Is this a job-related accident? Yes / No
Describe the injury, how & when it happened?	

**D. OTHER INFORMATION**

Name & address of hospital/clinic	
Date admitted : Date discharged : Date surgery performed :	Are you eligible to claim for this insurance against any other insurance policies? Yes / No If Yes, state: 1) insurance company 2) policy no.
Claim cheques shall be made payable to : Employer S\$ Employee/patient S\$ Medisave S\$	Medisave account no.

**MEDICAL INFORMATION AUTHORITY**

I hereby authorise any hospital surgeon, medical practitioner or clinic or other person who has attended to me or examined me for any reason, to disclose to Tokio Marine Insurance Singapore Ltd any and all information with respect to any illness or injury and, to provide Tokio Marine Insurance Singapore Ltd copies of all hospital or medical records, including prior medical history. A photostat copy of this authorisation shall be considered as effective and valid as the original.

**Notice for Personal Data Protection Policy**

By signing this form:

- i) I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;
- ii) I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- iii) I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg).

\_\_\_\_\_  
Employer's signature/Company's stamp/Date

\_\_\_\_\_  
Patient's/Employee's signature/Date

