



COMBINED CLAIM FORM

TYPE OF CLAIM & CHECKLIST (please select)

<input type="checkbox"/> Hospitalisation & Surgical <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Final Medical Bills & Receipts <input type="checkbox"/> Medical Report/Discharge Summary/Day Surgery Authorisation Form	<input type="checkbox"/> Outpatient GP / A&E <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts
<input type="checkbox"/> Personal Accident <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts <input type="checkbox"/> Doctor's Memo providing description injury & treatment (if available) <input type="checkbox"/> Police Report (for traffic accidents)	<input type="checkbox"/> Outpatient Specialist <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts <input type="checkbox"/> Referral Letter from GP <input type="checkbox"/> Doctor's Memo providing description of condition & treatment (if available)

PEI Name :

Policy Number(s) :

SECTION A DETAILS OF INSURED PERSON (STUDENT)

Name of Insured Student (as per bank account)	Passport No.	Student ID No/FIN No.	Date of Admission to School
Please tick to select status <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student		Please tick to select status <input type="checkbox"/> Singapore Citizen/PR <input type="checkbox"/> International (non STP) <input type="checkbox"/> International (STP)	
E-mail	Telephone No.	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (in Singapore)		Please settle claim payment by : <input type="checkbox"/> by cheque to student <input type="checkbox"/> by cheque to school	

SECTION B DETAILS OF ILLNESS

1. Nature of Illness/Symptoms/Final Diagnosis	2. Date Symptoms First Noticed		
3. Type of Treatment/Operation	4. Date First Treated	5. Hospitalisation Period	

SECTION C DETAILS OF ACCIDENT

1. Description of Accident (how it happened)	2. Place of Accident	3. Date of Accident	4. Time of Accident
5. Nature of Injury	6. Treatment/ Operation	7. Hospitalisation Period	8. Is this a job-related injury <input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION D OTHER INFORMATION

1. Has the illness been treated before? Has the same part been injured before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state date first occurred	2. Are you making a claim for this treatment from any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide settlement advice from the insurer
3. Name & Address of Attending Doctor/Clinic/Hospital	

SECTION E DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/we are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my claim, I give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to collect, use, store, transfer and/ or disclose the information (including that provided by sources other than myself) concerning me, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/ or managing my claims or the Policyholder Policy with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes")."

Signature of Insured Student	Date
------------------------------	------

TO BE COMPLETED BY SCHOOL/PRIVATE EDUCATION INSTITUTION

Is student registered with PEI on date of accident/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes	Verified and Witnessed by PEI: Sign & Stamp	Name of Authorised Officer (PEI): Designation of Authorised Officer (PEI):
---	--	---



redefining / insurance

AXA INSURANCE PTE LTD
8 Shenton Way #24-01 AXA Tower
Singapore 068811
Customer Care Team #B1-01
1800 880 4888
customer.care.health@axa.com.sg
www.axa.com.sg
Co.Reg No. 199903512M

Medical Report
Policy No.

To be completed by your treating doctor if you have attended a private hospital or a hospital outside Singapore

1. Name of Patient

2. NRIC/FIN/Passport No.

3. Date admitted (DD/MM/YYYY) Date discharged (DD/MM/YYYY)

4. Was patient referred to you by another doctor? Yes No

If "Yes", please state date of referral and provide us with the name and address of referring doctor.

Date of Referral (DD/MM/YYYY) Name of Doctor and address of clinic

5. When did patient first consult you for the condition? Date of first consultation (DD/MM/YYYY)

6. What were the complaints or symptoms presented during the first consultation?

7. When did patient first experience these complaints or symptoms? Date of first consultation (DD/MM/YYYY)
If there were no complaints or symptoms, what prompted the patient to see you?

8. In your expert opinion, per history provided to you by patient and given the etiology of the condition, please state the estimated duration of such condition would be in existence for this patient.

9. Has patient received any prior treatment for these complaints or symptoms? Yes No

If "Yes" please state when and provide us with the name and address of doctor who treated patient previously.

10. Principal Diagnosis

Diagnosed Condition(s)	ICD 10 Code	Date of First Diagnosis (DD/MM/YYYY)	Date Patient Informed of Diagnosis (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other diagnosis(es)

Diagnosed Condition(s)	ICD 10 Code	Date of First Diagnosis (DD/MM/YYYY)	Date Patient Informed of Diagnosis (DD/MM/YYYY)

Note: If there is more than one diagnosis, please advise whether they are related directly to each other. If yes, please provide us with details to your answer.

Yes No

11. What was the underlying cause(s) of the diagnosed condition(s) as stated in Question 10?

12. Did patient suffer or is suffering from any other co-morbidity (ies) that is/are related to diagnosed condition(s)?

Yes No If 'Yes', please specify

Co-morbidity(ies)	Date of treatment	Name and address of doctor

13. Was surgery performed for the diagnosed condition(s)?

Yes No If 'Yes', please specify

Date of Surgery	TOSP Code	Table	Description

14. If 2 or more surgeries were performed, please specify whether they were done through same incision.

15. If no surgery was performed, please state treatment and medication given.

If patient was admitted for a maternity condition, please complete this section

16. a) Patient's LMP (DD/MM/YYYY)

b) Is the pregnancy a result of any infertility treatment including infertility medication or conception by artificial means?

Yes No If "Yes", please provide details to your answer

c) Type of delivery Vaginal Delivery Elective Caesarean Section Emergency Caesarean Section

If Emergency Caesarean Section, please advise reason(s)

d) Did any complications arise during pregnancy? Yes No If 'Yes', please provide details to your answer

If patient was admitted for miscarriage, please complete this section

17. Was it due to an accident? Yes No

If yes, please describe how it happened?

If no, please state the cause of the miscarriage?

If patient was admitted due to an accident, please complete this section

18. Was the treatment related to accident? Yes No

Date of accident (DD/MM/YYYY)

Road traffic accident

Work related accident

Others If 'Others', please specify

Please describe how it happened?

Was patient's diagnosed condition(s)/ surgery(ies)/ treatment due to or related to any of the following

19. Dental condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	A psychiatric condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Dependence/Substance Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infertility/Sub-fertility/ Impotence/ Contraception/ Sterilisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Apnoea/Sleep Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Self-inflicted injury/Attempted Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually transmitted disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refractive error of the eye(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIDS or HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obesity/ Weight Reduction/Weight Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
A congenital condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Learning disorder/Behavioural problem/Physical & Psychological development problem			<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Was the treatment a/ an

Experimental medical treatment

Cosmetic/ Plastic surgery

If you have ticked any boxes, please give details of the treatment(s)/surgery(ies).

21. Any other information that may assist us in the assessment of the claim.

I hereby certify that I have personally examined and treated the patient in connection to the above condition(s) and the facts as given above represent my opinion of his/ her condition. I declare and agree to make the declaration on this claim form.

Signature of Doctor

Date

Name of Doctor

Hospital/Clinic stamp



AXA Insurance Pte Ltd

**Singapore Institute of Management Pte Ltd
Group Hospitalisation & Surgical Insurance (01 Jan 2018 to 31 Dec 2018)
Product Summary – Group SmartCare Executive**

Product Information

This is an expense reimbursement plan that helps to reduce your financial burden in event of you being hospitalised. We will reimburse the following eligible expenses incurred according to the limits set out in the Benefits Schedule.

Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and the details of the actual terms and conditions are in the policy. Please consult AEGIS Insurance Services Pte Ltd at Tel: 68370306 or Email: customerservice@aegisic.com should you require clarifications.

Members' Eligibility for Coverage

Your entry age must not exceed 65 years at next birthday.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be increased at policy renewal at the full discretion of the Insurance Company.

Co-Insurance

There is no co-insurance for this plan if you choose to stay in a **B1 class ward (or lower)** in a Singapore Government/Singapore Government Restructured Hospital. If you choose to upgrade to a ward other **B1 class ward** in a Singapore Government/Singapore Government Restructured Hospital or visit a Private Hospital, you will need to bear a percentage of the cost (co-insurance).

Pro-Ration Factors

A pro-ration factor is applied if you are hospitalised :

- a) in a ward higher than that specified in the Benefits Schedule in Singapore Government/Singapore Government Restructured Hospital or
- b) in a private hospital in Singapore.

Overseas Hospitalisation

***Reasonable & Customary Charges** applies if you are hospitalized in a hospital outside Singapore.

*This is defined as the general level of charges applicable in Singapore when furnishing similar or comparable treatment, services or supplies to individuals of the same sex and comparable age, for similar disease or injury. The benefits payable under this plan shall be the lower of the Reasonable and Customary Charges in Singapore or those in the foreign country in which you seek similar medical treatment.

Cover does not apply : *1) when you travel expressly for treatment outside Singapore
2) when you are out of Singapore for a period exceeding ninety (90) consecutive days at a time*



Minimum Period of Confinement

For day surgery cases, there are no minimum hours to be eligible for claim. However, for non surgical admissions, when you are charged for a full day room and board, you can submit the claim for assessment.

Exclusions

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy.

This Policy shall not cover situations listed below and any medical conditions arising therefrom:

- Any period of hospital confinement unless the entire confinement and all the special hospital services so rendered and performed had been recommended and approved by a Physician and in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required.
- Hospitalisation primarily for diagnosis, x-ray examinations, general physical or medical check-up, routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.
- Charges for telephone, television, radio, newspaper, guests' meals and other ineligible non-medical items whilst confined as an Inpatient or for Day Surgery.
- Outpatient treatment, dental care and its related treatment except as specifically Covered under this Policy.
- Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising therefrom except as specifically covered under this Policy.
- Investigations into and treatment of infertility, surgical, mechanical or chemical contraceptive methods of birth control, assisted reproduction, sterilisation (or its reversal) or any consequence of any treatment for them.
- Treatment of varicocele, impotence or any consequence of it.
- Sickness or disease directly or indirectly arising from sexually transmitted disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune-Deficiency Virus (HIV).
- Treatment which arises from, or is in any way attributable to, sex change.
- Costs arising under any legislation or covered under any corresponding insurance relating to occupational death, injury, or illness.
- Treatment for congenital conditions and any physical birth defects arising out of or resulting therefrom.
- Non-hospital nursing care or ambulatory care, rest cures or sanatoria care, treatment arising from any geriatric, psycho geriatric or psychiatric condition, and treatment of alcohol dependence syndrome or substance abuse.
- Suicide or attempted suicide, self-inflicted injuries or any attempt thereat while sane or insane.
- Circumcision unless medically necessary, eye tests, refractive errors of the eyes, provision of implants, medical appliances and prosthetic devices, including spectacles, hearing aids, wheelchairs and lenses.



- Sickness or injury arising from racing of any kind (except on foot), professional sports, parachuting, skydiving, hang gliding, bungee jumping and violation or any attempt of violation of the law or resistance to lawful arrest.
- Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company.
- Treatment arising from any consequence (whether direct or indirect) of nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical/biological substances, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces
- The use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- Experimental medical treatment.
- Any treatment directed towards developmental delay and / or learning disabilities in children.
- Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, provided that this exclusion does not apply to reconstructive surgery if:
 - (a) it is carried out to restore function or appearance after an Accident or following Surgery for a medical condition, (provided that the Accident or Surgery occurred while the Insured Person was Covered under this Policy); and
 - (b) it is done at a medically appropriate stage after the Accident or Surgery; and
 - (c) the cost of the treatment is approved by us in writing before it is done.
- The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction or weight improvement.
- Sleep apnoea.

Termination of Insured Member's Cover

There are other circumstances whereby the cover of the Insured Member will terminate.

The following is a list of some of these circumstances:

- Insured Member attains age 65 years;
- Insured Member ceases to be a student with the school;
- Insured Member dies;
- Insured Member's maximum policy limits have been exhausted.

Cover on the Insured Member automatically ceases once the master policy contract is terminated due to non-payment of premiums or other causes specified in the policy contract. No premium refund for early termination of Insured Member or Policy before the expiry date.



Contact Information

Please contact the following if you have any queries:

AEGIS Insurance Agencies Pte Ltd
Tel: (65) 6837 0306
Email : customerservice@aegisic.com

AXA Insurance Singapore Emergency Hotline : 1800 8804 741

Claims Procedure

Insured Members are to submit the following documents to us within 30 days from the date of discharge from hospitalisation, from the date of death or from the date expenses were incurred for which the claim is made, whichever is applicable:

Admission to Government/Restructured Hospitals (Alexandra, Changi, KK Women's & Children, National University, Singapore General, Tan Tock Seng, Khoo Teck Puat)

- Duly Completed Claim Form
- A copy of the Inpatient Discharge Summary given to patient upon discharge
- A copy of the Day Surgery Authorization Form signed by the patient before surgery
- A copy of the Referral Letter, if any
- Final Original Hospital Bill showing the Medisave deduction
- Original Pre/Post Hospitalisation Medical Bills

Admission to a Private Hospital (EastShore, Gleneagles, Mount Alvernia, Mount Elizabeth, Raffles, Thomson Medical Centre and Day Surgery Centres/Clinic)

- Duly Completed Claim Form
- Medical Certification of Treatment to be completed by the attending physician/surgeon
- A copy of Referral Letter if any
- Final Original Detailed Hospital Bills
- All Other Original Medical Bills related to admission/surgery



Frequently Asked Questions (FAQs)

Singapore Institute of Management Pte Ltd

Group Hospitalisation & Surgical Insurance (01 Jan 2018 to 31 Dec 2018)

1. What does the insurance cover?

The insurance covers mainly medical expenses incurred for hospitalisation and/or surgery due to illness or accident in a Singapore Government/Restructured hospital.

Please refer to the Benefits Schedule given to your school for the details.

2. Which hospital can I seek treatment at?

You can seek treatment at Singapore Government/Restructured Hospitals which are:

- Singapore General Hospital
- Alexandra Hospital
- KK Women's & Children's Hospital
- National University Hospital
- Tan Tock Seng Hospital
- Changi General Hospital
- Khoo Teck Puat Hospital
- Ng Teng Fong Hospital

Please note that hospitalisation in a Ward higher than that you are entitled to or in Private Hospitals is subject to a pro-ration factor. For hospitalisation in overseas hospitals, you will only be covered up to the reasonable and customary cost of treatment in Singapore Government / Restructured Hospital for similar or comparable treatment or the cost incurred in the foreign hospital, whichever is lower. In such cases, you may not be fully reimbursed for such claims incurred.

3. Will I be covered if I go back to my home country, travel overseas for vacation or for school related activities?

Yes, you will be covered as long as you are a registered student of your school pursuing a course of study. Hospitalisation and/or surgery expenses incurred will be covered up to the reasonable and customary cost of treatment in Singapore Government/Restructured Hospital, whichever is lower, subject to the policy limits applicable.

***Cover does not apply:** *1) when you travel expressly for treatment outside Singapore.
2) when you are out of Singapore for a period exceeding ninety (90) consecutive days at a time*

4. I am a student and working at the same time. Am I covered during work?

No, you will not be covered for illness or injury sustained during work.

5. Are pre-existing conditions covered?

For students on compulsory scheme, pre-existing conditions are covered from inception.

6. What should I do if I need to stay in the hospital or have surgery? Do I have to pay the medical costs myself?

Please settle the medical bills directly with the hospital and retain all **ORIGINAL** bills to be submitted to the insurance company. Please note that you may have to pay the cash deposit determined by the hospital and should you choose to stay in a higher class of ward or a private hospital, your claim may not be fully covered.

For pre or post hospitalisation / surgery and emergency outpatient treatment, please pay first and claim reimbursement.



7. Are outpatient services or treatment for illness covered?

GP outpatient services for illness (eg. common cold, fever etc) are not covered.

8. Is outpatient treatment after an accident covered?

Yes, only if treatment is sought at a clinic or hospital within 24 hours from the time of accident. Follow-up treatment by the same physician is covered up to 30 days from date of accident.

9. How do I make a claim?

Please submit the following documents to us through your school; SIM HQ, Blk B Level 1, Student Care Drop Box (located next to Student Life Office)

- AXA Claim Form (available on your school website or please download from <http://www.aegisic.com>)
- Original Final Hospital Bill & other medical bills
- Inpatient Discharge Summary/Day Surgery Authorisation Form

10. When I utilize my Medisave/Medishield Ingraded Plan to pay for my treatment, how will my claim be reimbursed (for Singapore citizens and PRs only)?

Payment made by Medisave will be refunded to the respective Medisave Account holder and Medishield Integrated Plan.

11. When do I need to submit the claim?

You should submit the claim or give notice that you will be making a claim as soon as possible but within 30 days from discharge. For late submission/notification, please provide a valid reason.

12. I have submitted my hospitalisation/surgery claim earlier. I wish to submit follow-up treatment bills. What should I do?

Please inform your school when submitting the bill that it is for follow-up treatment so that we are able to trace your records. The claim form is not required.

13. How long does it usually take to process my claim?

Upon receipt of all required documents including **ORIGINAL** bills, approved claims will be settled within 30 days.

14. How will I be notified of the result of my claim?

You will be notified through your school. Reimbursement for approved claims will be via cheque payment to you through your school.

15. When will my insurance end?

The insurance will end when one of the following occurs, whichever happens first:

- when you cease to be a registered student of your school
- exhaustion of the policy limit applicable to you during the policy year
- expiry of the insurance policy

16. If I have questions or need assistance, who should I contact?

AEGIS Insurance Agencies Pte Ltd

Tel: (65) 6837 0306 Email : customerservice@aegisic.com Website : www.aegisic.com

For Emergency, please contact AXA Insurance Hotline : 1800 8804 74

Important - The information contained in this FAQ is subject to the actual terms and conditions of the policy contract your school has with AXA Insurance Pte Ltd.



BENEFITS SCHEDULE FOR SINGAPORE INSTITUTE OF MANAGEMENT PTE LTD

Group Hospitalisation & Surgical Insurance Policy No.Q0042716

Period of Insurance: 01 Jan 2018 to 31 Dec 2018

Benefits Schedule	Limits (SGD)
1a) Daily Room & Board	As charged in B1 wards (4-bedder) in Singapore Government / Singapore Government Restructured Hospitals up to the overall maximum limit per policy period
1b) Intensive Care Unit	
2) Hospital Miscellaneous Services	
3) Surgeon's Fee	
4) Anesthetist's Fee	
5) In-hospital Physician's Visit	
6) Pre-hospitalisation Specialist Consultation ¹ (up to 120 days before admission)	
7) Pre-hospitalisation Diagnostic Services ¹ (up to 120 days before admission)	
8) Post- hospitalisation Treatment (up to 120 days from discharge) ²	
9) Emergency Outpatient Treatment (due to accident only) ³ - includes dental treatment due to accident up to \$500 per year	
10) Ambulance Fee	
11) Medical Report Fees	Government Restructured Class "A" - 90% Private (Capped at 2-bedder) - 80%
Pro-ration factor will apply if student is warded in a higher ward in Singapore Government / Restructured Hospitals or in private hospitals in Singapore	
Overall Maximum Limit Per Policy Period (Item 1 to 11)	20,000
Accidental Miscarriage per occurrence	1,000
Outpatient Kidney Dialysis per policy year	3,000
Outpatient Cancer Treatment per policy year	3,000
Additional Benefit	
12) Hospital Confinement due to Mental Illness (with referral by General Practitioner or Specialist)	2,000
13) Death Benefit	5,000

¹ Must lead to hospitalisation and/or surgical procedure within 120 days

² For expenses incurred within 120 days from the date of discharge from hospital or day surgery.

³ Treatment must be sought in a hospital or clinic or from a registered *Traditional Chinese Medicine (TCM) practitioner* within 24 hours from time of accident; follow-up charges by same physician covered up to 30 days from date of accident and for TCM practitioner not exceeding \$300 per occurrence.