



Please send claim documents to:
MYCG PTE LTD
 15 Jalan Rumia, Holland Village
 Singapore 277982
 Tel: (65) 6476 3829 / 9762 2062
 Fax: (65) 6474 0089
 Email: smu@mycg.com.sg

Please complete this form fully.
Incomplete forms may delay claim settlement.

SECTION I	TYPE OF STUDENT (Insured : Singapore Management University)	SMU Policy Number(s)
<input type="checkbox"/> Local Undergraduate Students <input type="checkbox"/> International Undergraduate & Exchange Students <input type="checkbox"/> Local Postgraduate Students <input type="checkbox"/> International Postgraduate Students		Q0013758 & P0537252 Q0013759 & P0684275 Q0014474 & P0591634 Q0014475 & P0694052

SECTION II	TYPE OF CLAIM & CHECKLIST		
<input type="checkbox"/> Outpatient GP/A&E <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills & Receipts	<input type="checkbox"/> Hospitalisation & Surgical <input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Final Medical Bills & Receipts <input type="checkbox"/> Discharge Summary/Day Surgery Authorisation Form		
<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)	<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)		

SECTION A	DETAILS OF INSURED PERSON (STUDENT)			
Name of Insured Student (as per bank account)	Passport No.	Student ID No.	Date of Admission to SMU	
E-mail	Telephone No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (in Singapore)				

SECTION B	DETAILS OF STUDENT'S BANK ACCOUNT – For approved claims, reimbursement will be credited to your bank account.		
Bank Name (please tick) <input type="checkbox"/> DBS/POSB <input type="checkbox"/> UOB <input type="checkbox"/> OCBC <input type="checkbox"/> _____	Branch	Account No. 	

SECTION C	DETAILS OF ILLNESS		
1. Nature of Illness/Symptoms/Final Diagnosis	2. Date Symptoms First Noticed		
3. Nature of Treatment/Operation	4. Date First Treated	5. Hospitalisation Period	

SECTION D	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 E	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 state name of insurer	
3. Name & Address of Attending Doctor/Clinic/Hospital		

SECTION F	DECLARATION & AUTHORISATION	
I hereby authorise any hospital, physician, person or organisation who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Singapore Pte Ltd any and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original. I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, of if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.		
Signature of Insured Student		Date

FOR OFFICIAL USE ONLY		
LOG Utilised? <input type="checkbox"/> No <input type="checkbox"/> Yes	Student Status Verified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Cover Expire On _____	