Income Insurance Limited | UEN: 202135698W
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Enquiries: income.com.sg/enquiry

Scan to update your particulars

Managed Healthcare System (MHS) Outpatient Medical Claim

Please submit your claim via email to us at healthcare@income.com.sg

Important notes:
It is important to read the notes below before you complete the claim form.

1. The acceptance of this form is **NOT** an admission of liability on the part of Income Insurance. Any documentary proof or medical report shall be furnished at the expense of the policyholder.

2. Please submit the following documents within 60 days from date of visit:
   (i) Duly completed and signed claim form
   (ii) Copy of referral letter from panel general practitioner to panel specialist or hospital (if you are claiming for specialist visit)
   (iii) Copy of the attending physician's prescription for claims on purchase of drugs
   (iv) Copy of CPF MediSave Statement showing Hospital Registration Number (HRN), for those bill(s) fully/partially paid using MediSave
   (v) Copy of your bank book/statement for crediting of claim proceeds. It must show the bank name, bank account number and full names of all bank account holders.

3. Please use **one claim form per visit per patient**.

4. All required documents, duly completed and signed forms must be submitted to avoid any delay in claim processing. Please indicate "N.A" if not applicable.

5. Please keep the original final tax invoices (itemised bills), bills, receipts or relevant documents for the next 6 months. Income Insurance reserves the rights to call for the original copies of these documents for verification.

6. An eligible claim will be reimbursed according to the following priority:
   - Policyholder if he or she has settled the eligible medical bills by cash
   - Medisave account as indicated in the tax invoices or bills
   - Patient's Medisave-approved Private Integrated Plan (if applicable)

7. **Before the submission, do ensure your contact details (address, email and contact numbers) with us are updated. Please scan the QR code on page 1 of this form to update your particulars. We will correspond with you based on your contact details registered with us. Please note that the contact details provided in this form will NOT be updated in our records.**

To be completed by policyholder

1. Particulars of policyholder

1a. Policy number	1b. Full name (as shown in NRIC/FIN card/Passport)		
1c. NRIC/FIN/Passport number	1d. Date of birth (dd/mm/yyyy)	1e. Gender ☐ Male ☐ Female	1f. Contact number

2. Particulars of insured (Compulsory if patient is spouse or child of policyholder)

2a. Full name (as shown in NRIC/FIN card/Passport/Birth Certificate)			
2b. NRIC/FIN/Passport/Birth Certificate number	2c. Date of birth (dd/mm/yyyy)	2d. Gender ☐ Male ☐ Female	2e. Relationship to policyholder ☐ Spouse ☐ Child

3. Details of illness or injury

3a. Type of claim[1]	3b. Date of visit (dd/mm/yyyy)	3c. Description of illness or injury	3d. Name of referring GP and clinic (For specialist visit only)
☐ GP ☐ SP ☐ Others (Please specify) _____			

[1] "GP" refers to general practitioner and "SP" refers to specialist.

4. Please complete the following if you have sustained injury as a result of an accident		
4a. Date (dd/mm/yyyy) and time of accident	4b. Place of accident	4c. Is it work-related? ☐ Yes ☐ No
4d. State how the injury or accident happened		
4e. Is the medical expenses claimable under your company's Work Injury Compensation Act Policy?		☐ Yes ☐ No

5. Other information	
Are you making or intending to make a claim from any insurer, other employer or any other parties for reimbursement of your medical bills? If '**Yes**', please state the party that you are claiming from and submit a copy of the settlement letter or payment voucher. **Note:** It is important that you inform us if you are claiming from other insurance or any other parties for the same bill. You can only claim or be reimbursed for the amount that you have incurred, regardless of the number of medical insurance policies you may have. We reserve the right to recover the excess amount paid to you.	☐ Yes ☐ No

Payment method

Payment (if any) will be credited into your bank account (Please submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders. Please circle the account for crediting if your statement shows more than 1 bank account.)

Notes:

1. *We reserve the right to request for a copy of your bank book or statement for account verification before payment at any point in time where we deem necessary.*
2. *If there is a change of bank account, please submit to us a copy of your new bank book or statement for account verification and for us to update your bank account record with us.*

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income Insurance including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Insurance Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf, for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/our and relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Declaration and authorisation

1. I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
4. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
5. For the purpose of administering and processing my claim, I authorise, consent and agree to:
   a. The medical source, insurance office, reinsurer, organisation to release to Income Insurance any medical or relevant information to do with me or the insured;
   b. Income Insurance and its relevant third parties stated in Income Insurance's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
   c. Income Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance to assess this claim.

Declaration and authorisation (continued)

6. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
7. I confirm that all copies of the claim documents that I have submitted to Income Insurance are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income Insurance to verify its authenticity.
8. I am aware that Income Insurance may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me.
9. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income Insurance for reimbursement and I have not made nor will I make any claim against any other source for the same bill(s)/invoice(s).
10. If I have made a claim from other source,
    a. I agree that I will provide a copy of any document requested by Income Insurance of the payment received by me;
    b. I am aware that Income Insurance will not reimburse me if I have been fully reimbursed by such source;
    c. I am aware that Income Insurance may only reimburse me up to the remaining balance of the unpaid bill/invoice I have been partially reimbursed by such source;
    d. I undertake to refund on demand any payment made by Income Insurance to me which exceeds what I have incurred in total.
11. I understand that I must give Income Insurance all documents, authorisations or information required by Income Insurance to assess the claim. If I fail to co-operate with Income Insurance in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income Insurance may reject the claim.
12. I agree that if I or any [#]Relevant Person is found to be a [+]Prohibited Person:
    - if any policy is issued, you are entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

    Your decision in every respect of the above will be final.

    I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

    [#] *Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.*

    [+] *Prohibited Person means a person or entity who is, or who is [^]Related to a person or entity:*
    - *subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or*
    - *who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*

    [^] *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*
13. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.
14. I agree to refund in full the monies which is paid by mistake or which I am not entitled to receive to Income Insurance immediately upon Income Insurance's request or once I found out on such mistake or wrong payment.
15. I understand and agree that once Income Insurance makes payment for a claim under this form to me (including any subsequent payment arising from this claim), Income Insurance's liability for such claim will be fully released and discharged accordingly.

Full name (as shown in NRIC/FIN card/Passport) and signature of **policyholder**	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full name (as shown in NRIC/FIN card/Passport) and signature of **insured** who is 21 years old or above (if different from policyholder)	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)