

The issue and acceptance of this form and its accompanying documents (if any) does NOT constitute an admission by ERGO Insurance Pte. Ltd. that any part or the whole of the Claimant's claim is accepted. It also does not constitute a waiver of ERGO's rights in accordance with the terms and conditions of the Policy. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

This form must be completed truthfully and accurately, please answer in full all applicable questions. The list of documents required is not exhaustive and we reserve our right to request from you any additional information/ supporting documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the claims processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

**Claims Department**  
**ERGO Insurance Pte. Ltd.**  
**5 Temasek Boulevard**  
**#04-05 Suntec Tower Five**  
**Singapore 038985**

Policy No.  Product and Plan Name

### Part 1: Particulars of Policyholder

Policyholder's Full Name  Mr  Mrs  Ms

Date of Birth  DD / MM / YYYY NRIC/ FIN  Gender  Male  Female

Nature of Business  Occupation

Contact Details (M)  (O)  (R)

Preferred Mode of Communication  Postal  Email  @

### Particulars of Claimant ( Same as policyholder)

Insured's Person Full Name  Mr  Mrs  Ms

Date of Birth  DD / MM / YYYY NRIC/ FIN  Gender  Male  Female Marital Status

If claimant is not the policyholder, state relationship to policyholder

Nature of Business  Occupation

Contact Details (M)  (O)  (R)

Preferred Mode of Communication  Postal  Email  @

### Preferred Correspondence Address

### Preferred Mode of Claim Payment

*In the event that this claim is deemed payable by ERGO, it shall be payable to the relevant insured person only and not to third parties.*

Electronic Funds Transfer (Payment in SGD and to bank accounts in Singapore only)

Name (as per bank account)  Account No.

Bank Name  Bank Code  Branch Code

Cheque made payable to

**Important Notice:** ERGO Singapore shall be discharged from all liability under this claim and not be liable for any and all losses incurred by you, as a result of you providing ERGO with an inaccurate bank account number under this section for the payment of this claim.

## Part II: Accident & Injury Details

Type of Disablement Claim  Permanent Total Disablement  Permanent Partial Disablement  Daily Hospital Income  
 Weekly Benefit for Temporary Total Disablement  Accident Medical Reimbursement  
 Others (Please Specify) : \_\_\_\_\_

The nature of your claim (If the claim is in respect of accidental death)  Death Benefits  Disappearance  Family Allowance  Compassionate Death Allowance  
 Others (Please Specify) : \_\_\_\_\_

Date and Time of Accident    AM  PM

Location of Accident \_\_\_\_\_

Description of Accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury Sustained (e.g. body part injured, injury type) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you had a history of similar injury, which you have experienced in the past, please give details as to when, where and from whom you received medical diagnosis, treatment, consultation or prescribed drugs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you in good health and free from physical defect or infirmity at the time of the accident?

\_\_\_\_\_

Disablement Commencement    AM  PM Date of Death

Are you still suffering the above stated disability?

Yes Please indicate the expected date & time of returning to work    AM  PM

No Please indicate the date & time of returning to work    AM  PM

Have you sustained any fractures from this accident?  Yes  No

If yes, please advise the type of fracture \_\_\_\_\_  
\_\_\_\_\_

Have you sustained a burn injury from this accident?  Yes  No

If yes, please provide the following information  Head  Body Degree of burn \_\_\_\_\_

Have you filed a police report?  Yes  No Date of report

Police Station in which you filed the report?  Were there witnesses to the incident?  Yes  No

If Yes, please provide details of any witness of the incident

Witness Name

Address

Was the sum insured or benefits of your policy based on your monthly salary?  Yes  No

If yes, please advise the last drawn salary prior to the accident

Please furnish the details of any hospitalization in connection with this injury

Name of Hospital	Admission No.	Admission Date	Date Discharged	Type of Ward
<input type="text"/>	<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text" value="(DD/MM/YYYY)"/>	<input type="text"/>

Please furnish information on your first consultation

Doctor Consulted  Doctor's Address

Doctor's Contact No.

Doctor's File Ref No. (if applicable)

Please furnish information of your regular doctor

Regular Doctor  Regular Doctor's Address

Regular Doctor's Contact No.

Doctor's File Ref No. (if applicable)

### Part III: Others

In respect of any other claim, which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space is insufficient for such details, please attach another page:

Date & Time of Accident    AM  PM Claimed Amount

Have you filed a police report?  Yes  No Date of report

Police Station in which you filed the report?

**Part IV: Details of Your Other Insurance or Compensation Claims**

Have you made a claim against any other party in respect of this event? If yes, please provide

Name of Insurance Company/ Other party	Policy/ Reference No.	Type of Benefit	Have you filed a claim?	Amount claimed

Additional details related to Part IV (If applicable)

Multiple horizontal lines for providing additional details.

Have your other claims been paid by the other policies above?  Yes  No

**Intermediary Information (if applicable)**

Intermediary Code  Branch   
Intermediary Name   
Contact Person  Contact No   
Postal Address   
Preferred Mode of Communication  Postal  Email  @

**Acknowledgement and Declaration**

**[Declaration]** I/ We declare that the particulars stated above are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

**[Authorization]** Where applicable, I/ We hereby authorize any hospital, clinic, physician or any other person to disclose all information including copies of all hospital or medical records on the patient when requested by ERGO Insurance Pte. Ltd. (ERGO). I have noted that any illness, injury, consultations, medical history, prescriptions or treatment the medical report fee incurred will be borne by me. A copy of this authorization shall be considered as effective and valid as the original.

**[Personal Data Protection Statement]** I/ We understand, acknowledge, agree and consent that:

- a. ERGO Insurance Pte. Ltd. (ERGO) may/ will collect, use, disclose and/ or process my/ our personal data set out in this form and any other information provided by me or possessed by ERGO for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/ or managing of my relationship and policies with ERGO. This includes among other things policy servicing, processing, investigating, handling, administering and/ or settling my/ our claim with ERGO or other insurers;
- b. ERGO may/ will disclose and transfer my/ our personal data to third parties, including but not limited to its affiliates, representatives, agents and third party service providers, lawyers/ law firms, whether located within or outside Singapore, for one or more of the above purposes, and the said third parties may/ will subsequently collect, use, disclose and/ or process my/ our personal data for or more of the above purposes;
- c. The personal data protection clauses herein are not exhaustive. I/ We have read, understood and accept the terms of ERGO's Personal Data Protection Policy at <https://www.ergo.com.sg/pdpg>;

If I/ We provide personal data of a third party (e.g. information of insured persons, beneficiaries, beneficial owners, dependents, customers, payees and/ or employees) to ERGO, I/ We represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

Signature of Claimant

Date Signed DD / MM / YYYY

Signature of Policyholder

Date Signed DD / MM / YYYY

**ERGO Insurance Pte. Ltd.**

5 Temasek Boulevard  
#04-05 Suntec Tower Five, Singapore 038985  
Tel: (+65) 6829 9199 Fax: (+65) 6829 9248  
[www.ergo.com.sg](http://www.ergo.com.sg)  
Co. Reg. No. 199305211H GST Reg. No.: M2-0116930-5  
Copyright © ERGO Insurance Pte. Ltd. All rights reserved.

