

PruShield Pre and Post-Hospitalisation Benefit Claim Form

The Company does not admit liability by the mere submission of this form and the required documents.

Important Note: Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

This form is to be completed by the Life Assured who is at least 18 years old or the policy owner if the Life Assured is below 18 years old.

You claim for Pre/Post hospitalisation **only if you have received our letter informing you that PruShield claim for Inpatient hospitalization or Day Surgery has been approved.**

*** Please refer to your Policy Booklet for entitlement of Pre and Post-Hospitalisation benefits.**

Required documents for claim submission:

1. PruShield Pre and Post-hospitalisation Benefit Claim Form - all questions must be completed.
2. Clinical Abstract Application Form
3. Original final hospital bill, tax invoice and receipt
4. A copy of "Medisave Deduction Details Statement" for the hospital bill (This is a statement which shows the deduction from the MediSave Account for the medical expenses incurred) if your bill is paid by medisave.
To obtain your copy of "Medisave Deduction Details Statement" for the hospital bill , you may login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement >> Section B >> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements.
5. Referral memo from last General Practitioner who referred the Life Assured to a Specialist.

If the Life Assured is deceased, please also provide us with the following documents:

6. Death Claim Claimant's Statement
7. Death certificate issued by the relevant authority
8. Copy of the identification documents of the claimant
9. Evidence that the person is entitled to receive the payment. (e.g birth certificate, marriage certificate, the deceased's last will, Letter of Administration or Probate, Trust Deed etc.)

PruShield Policy No.

LIFE ASSURED'S PARTICULARS

Full Name

NRIC No

Address

Contact No

Hospital Admission /Day Surgery Detail for which the Pre and Post Hospitalisation claim relates to

Date of Hospitalisation /Day Surgery From To

Name of Hospital / Surgery Centre

Diagnosis / Surgical Procedure

Name of Life Assured:		NRIC / Passport No. of Life Assured:	
DECLARATION			
<p>1. I understand and agree that the submission of this form does not mean that my request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.</p> <p>2. I hereby declare that the information that is disclosed on this form is to the best of my knowledge and belief, true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted. I further acknowledge and accept that Prudential Assurance Company Singapore (Pte) Limited ("Prudential") shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information disclosed on this form is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made.</p> <p>3. I hereby warrant and represent that I have been properly authorised by the policyholder and the applicable insured(s) to submit information pertaining to such insured's claims.</p> <p>4. I acknowledge and accept that the furnishing of this form, or any other forms supplemental thereto, by Prudential, is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights and defenses.</p> <p>5. I acknowledge and accept that Prudential expressly reserves its rights to require or obtain further information and documentation as it deems necessary.</p> <p>6. I confirm that I have paid in full all the bill(s)/invoice(s)/receipt(s) that I have submitted to Prudential for reimbursement and have not claimed and do not intend to claim from other company(ies)/person(s).</p> <p>7. I agree to produce all original bill(s)/invoice(s)/receipt(s) that were submitted for reimbursement to Prudential for verification as it deems necessary.</p> <p>8. For the purposes of (i) assessing, processing and investigating my claim(s) arising under the Policy and such other purposes ancillary or related to the assessing, processing and investigating my claim(s) and administering of the Policy, (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to Prudential under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of Prudential, and (v) as set out in Prudential's Privacy Notice ("Purpose"), I authorise, agree and consent to:</p> <p>a. Any person(s) or organisation(s) that has relevant information concerning the policyowner and the insured person(s) (including any medical practitioner, medical/healthcare provider, financial service providers, insurance offices, government authorities/regulators, statutory boards, employer, or investigative agencies) ("Person(s)/Organisation(s)") pertaining to this claim, to disclose, release, transfer and exchange any information to Prudential, its officers, employees, representatives or distribution partners, including without limitation, all personal data, medical information, medical history, employment and financial information, including the taking of copies of such records; and</p> <p>b. Prudential, its officers, employees, representatives or distribution partners collecting, using, disclosing, releasing, transferring and exchanging personal data about me, the policyowner and the insured person(s), with any person(s) or organisation(s) listed in above, Prudential's related group of companies, third party service providers, insurers, reinsurers, suppliers, intermediaries, lawyers/law firms, other financial institutions, law enforcement authorities, dispute resolution centres, debt collection agencies, loss adjustors or other third parties assisting with my claim for the Purpose.</p> <p>9. Where any personal data ("3rd Party Personal Data") relating to another person ("Individual") (including without limitation, insured persons, family members, and beneficiaries) is disclosed by me, I represent and warrant that I have obtained the consent of the Individual for Prudential, its officers, employees, representatives or distribution partners to collect and use the 3rd Party Personal Data and to disclose the 3rd Party Personal Data to the persons enumerated above, whether in Singapore or elsewhere, for the Purpose stated above and in Prudential's Privacy Notice.</p> <p>10. I agree to indemnify Prudential for all losses and damages that Prudential, its officers, employees, representatives or distribution partners may suffer in the event that I am in breach of any representation and warranty provided to me herein.</p> <p>11. I agree to receive communication on the claim by email, SMS and/or hard copies by post.</p> <p>12. I agree that this (i) Prudential shall have full access to the information stated in this form, and (ii) this authorisation and declaration shall form part of my proposed application for the relevant insurance benefits, and a photocopy of this form shall be treated as valid and binding as if it were the original.</p>			
<div style="border: 1px solid black; border-radius: 15px; height: 40px; width: 100%;"></div>		<div style="border: 1px solid black; border-radius: 15px; height: 40px; width: 100%;"></div>	
Date & Signature of Life Assured above age 18 years		Date & Signature of Policyowner	
Name of Policyowner	NRIC / Passport No. of Policyowner	Relationship to Life Assured	