

## HOSPITALISATION & SURGICAL CLAIM FORM (Polytechnics)

**IMPORTANT NOTES: It is important to read the notes below before you complete the claim form.**

- Please complete this form for **NEW claims only**. For follow-up claims, please submit via the [MediAccess portal](#).
- Please complete this form in **FULL** and email the supporting documents to [claims@raffleshealthinsurance.com](mailto:claims@raffleshealthinsurance.com) and [catgoh@mycgtwo.com.sg](mailto:catgoh@mycgtwo.com.sg) **within 30 days** of discharge from the hospital or date of outpatient treatment.
- Please note that this form is **NOT** an acceptance of your claim.
- Please note that incomplete submission of documents may delay the processing of your claims.
- Please note that claims will be processed within 30 days of receipt of complete information/documents.

### CLAIM DOCUMENTS REQUIRED (CHECKLIST)

#### Hospitalisation and/or Surgical

- ☐ Completed Claim Form (1<sup>st</sup> claim only)
- ☐ Final Summary Bill/ Final Itemised Hospital Bill (with payee details) (Patient will receive the final bill approximately 2 to 3 weeks after discharge)
- ☐ Discharge Summary / Surgery Authorisation Form
- ☐ Pre and Post Hospitalisation/ Surgery Final Bills
- ☐ Medical/ Test Reports, if any

#### Outpatient Specialist, A&E or Mental Health

- ☐ Completed Claim Form (1<sup>st</sup> claim only)
- ☐ Medical Bills (with breakdown of charges)
- ☐ Referral Letter from GP/A&E
- ☐ For Mental Health Claims, Referral Letter from GP/Polytechnic Counsellor
- ☐ Medical/ Test Reports, if any
- ☐ Attending Physician's Prescription for Purchase of Medication

### POLICYHOLDER (TICK ONE)

- ☐ Singapore Polytechnic – P/N GMD22000445
- ☐ Nanyang Polytechnic – P/N GMD22000446
- ☐ Ngee Ann Polytechnic – P/N GMD22000447
- ☐ Republic Polytechnic – P/N GMD22000448
- ☐ Temasek Polytechnic – P/N GMD22000449

### CONTACT

**RAFFLES HEALTH INSURANCE PTE LTD**  
(Registration No. 200413569G)

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[catgoh@mycgtwo.com.sg](mailto:catgoh@mycgtwo.com.sg)  
Website: [www.mycg.com.sg/polyghsi](http://www.mycg.com.sg/polyghsi)

**Our Operating Hours:**  
Monday to Friday 9.00am-6.00pm  
Closed on Saturdays, Sundays and Public Holidays

### SECTION 1: PARTICULARS OF INSURED STUDENT

Name of Student (please write in capitals, as per bank account)			Address (in Singapore)	
Gender <input type="checkbox"/> F <input type="checkbox"/> M	FIN No.	Date of Birth	Email Address	
Student ID No.	Polytechnic Enrolment Date	Expected Graduation Date / Completion of Course	Mobile No.	

### SECTION 2: BANK DETAILS

**Reimbursement for approved claims will be credited into the student's bank account. Please DO NOT state the bank details of another person.**

Please select one for claim payment

- ☐ Local Bank Transfer / GIRO
- ☐ Telegraphic Transfer *(Note: All administrative costs from the bank will be chargeable to the student/deducted from claim amount payable.)*

Name of Account Holder	Name of Bank	Name of Intermediary Bank, if any	Account No.
Bank Address including Branch <i>(For Telegraphic Transfer only)</i>		Swift Code / IBAN <i>(For Telegraphic Transfer only)</i>	

### SECTION 3: DETAILS OF ILLNESS OR INJURY

A. HOSPITALISATION DUE TO ILLNESS		B. HOSPITALISATION DUE TO INJURY FROM ACCIDENT		
Nature of Illness / Final Diagnosis		Describe how it happened and state the extent of the injury (please enclose a copy of the police report, if any).		
Describe Symptoms and Date Symptoms First Appeared				
Type of Operation Performed (if applicable)				
Date Illness First Treated / Date of First Consultation	Name of Doctor/Hospital the Patient First Consulted for the Illness	Date of Accident	Time of Accident	Place of Accident
Is the illness due to pregnancy, miscarriage or fertility? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the illness/injury/accident job-related? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you making a claim from any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide information below:				
Name of Insurance Company _____ Type of Policy _____ Policy No. _____				
<i>*Please submit a copy of the other insurance company's claim settlement letter of payment voucher.</i>				

### SECTION 4: DECLARATION & CONSENT

PERSONAL DATA NOTICE
<p>1. I understand, acknowledge, agree and consent that Raffles Health Insurance Pte Ltd ("RHI") or its representatives are permitted to:</p> <p>(a) collect, use, disclose and/or process my personal information set out in this form and any other personal information provided by me or from other sources such as employer, intermediaries, medical organisations, third party providers or agents (which may be sited outside of Singapore), other insurance companies (collectively the "Personal Information") for the purpose(s) set out below; and/or</p> <p>(b) disclose and transfer such Personal Information to other sources such as other departments in RHI, employer, intermediaries, medical organisations, banks, CPF Board, reinsurers, third party service providers or agents (which may be sited outside of Singapore), other insurance companies, for the purpose(s) set out below:</p> <p>(c) <b>Purpose(s)</b></p> <p>(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;</p> <p>(ii) investigating the accident and/or my claims;</p> <p>(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;</p> <p>(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes / mail packages); and/or</p> <p>(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.</p> <p>2. I further acknowledge and consent that my Personal Information may be collected, used and/or disclosed by RHI for:</p> <p>(a) carrying out due diligence activities in accordance with legal or regulatory obligations or risk management procedures required by law or the Monetary Authority of Singapore ("MAS") or implemented by RHI;</p> <p>(b) responding to requests for information from other insurance companies, MAS, General Insurance Association of Singapore ("GIA"), Life Insurance Association of Singapore ("LIA") or other relevant government agency/authority (such as police).</p>
DECLARATION & AUTHORISATION
<p>1. I hereby declare that the information on this form and any documents attached to it is correct and complete and I have not withheld any information that could affect this claim.</p> <p>2. I hereby authorise any hospital, physician or other person who has attended to me to furnish Raffles Health Insurance Pte Ltd or its representatives all information with respect to any sickness or injury, medical history, consultation, prescriptions or treatment, copies of all hospital or medical records.</p> <p>3. I agree that a photocopy of this authorisation shall be considered as effective as the original.</p> <p>4. I undertake that the invoice(s) are as received from the service providers.</p> <p>5. I understand that RHI reserves the right to request for original bills / certified true copies.</p> <p>6. I understand that RHI reserves the right to reject any claim, recover any amounts disbursed from duplicate or fraudulent claims and impose additional charges, as necessary, for claims made against the contract.</p>

Signature & Name of Student	Date
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