DOMESTIC MAID INSURANCE MEDICAL CLAIM FORM

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

In the event that this claim is deemed payable by us, it shall be payable to the relevant Policyholder/Employer or Claimant/Employee only and not to third parties.

1 POLICYHOLDER _____ LETTER OF GUARANTEE NO. _____

ADDRESS _____ MASTER POLICY NO. _____

TEL (MOBILE) _____ RESIDENCE/OFFICE _____

EMAIL ADDRESS _____

2 PERSON UNDER TREATMENT _____

DATE OF BIRTH _____

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

NAME (as per bank account) _____

BANK NAME _____

ACCOUNT NO _____

Notification of payment will be sent to your email address stated in your details. The company shall :
(i)be discharged from all liability under this claim and
(ii)not be liable for any and all losses incurred by you, as a result of you providing the company with inaccurate bank account number under this section for payment of this claim.

3 (a) Nature of illness/Injury (b) Description of circumstances leading to the accident (c) Where / When did it commence?	
4 Name and address of the Doctor whom he/she first consulted	
5 Name and address of his/her usual Doctor	
6 Has he/she ever suffered before from the illness/injury in respect of which you are claiming?	
7 Have you peviously claimed or received compensation under an Accident or Hospitalization Policy? If so, give particulars	
8 (a) Are you insured elsewhere? (b) If so, give the names of Company/Insurer and amounts you are entitled to claim	

I claim the amount of S$ _____ being expenses incurred by me for treatment accordance with the particulars above and receipted bills attached.

The questions overleaf must be answered by a registered Medical Practitioner.

ERGO Insurance Pte. Ltd. Co.Reg.No.:199305211H
5 Temasek Boulevard, #04-05 Suntec Tower Five, Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248
mail: claims@ergo.com.sg Website: www.ergo.com.sg

MEDICAL CERTIFICATE

NOTE: This form is completed by a registered Medical Practitioner

Please State:

1	Full name of Patient	
2	What illness/injury the Patient has sustained	
3	(a) Has Patient had same or similar condition? ☐ Yes ☐ No (b) When did symptoms first appear or accident happen? (c) When did Patient first consult you for this condition?	
4	Whether you are still attending the Patient?	
5	How the illness/injury were sustained?	
6	What previous illness / injury / disease / disability the Patient suffered from that caused or contributed to the illness / injury	
7	Details of any permanently disability the Patient sustained as a result of the illness/injury	
8	Full particulars of the operation illness or injury and the cause	
9	Name and address of the hospital/nursing home in which the Patient has been treated	

I hereby certify that the foregoing statements are correct.

Date _____ Signature _____

Qualification _____

Name _____

Address _____

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DECLARATION, AUTHORIZATION AND PERSONAL DATA PROTECTION STATEMENT

[**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 (including that provided from sources other than myself) 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/pdpa;

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.

Name of Claimant	NRIC/FIN/WORK PERMIT No.
Signature of Claimant	Date (DD/MM/YYYY)
Signature of Policyholder	Date (DD/MM/YYYY)

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