# PERSONAL ACCIDENT CLAIM - CLAIMANT'S STATEMENT
## HOW TO FILE A PERSONAL ACCIDENT CLAIM

**Dear Claimant**
**We're sorry to receive notice of the Life Assured's injury. To enable us to process your claim, please follow the instructions below:**

**IMPORTANT NOTES:**

1. All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
2. All payment will be made via Direct Credit unless otherwise stated under the Payment Method section.
3. We reserve the right to pursue for any documents that are not mentioned above if they are deemed necessary.
4. The cost of the Doctor's Statement and/or medical evidence shall be borne by the Claimant(s).
5. For Doctor's Statement or reports to be obtained from hospitals, specific Clinical Abstract Forms may be used. Please refer to the respective hospital's website for details. For clinics, please use Aviva's Clinical Abstract Application Form.
6. For treatment and surgical procedure which occurred overseas, original documents and supporting documents can only be certified by the Notary Public of the Country where Life Assured seek treatment and undergone the surgical procedure.
7. All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
8. Aviva Ltd is required to collect information about each person's tax residency and tax classifications under applicable tax regulations, including the Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard for Common Exchange of Financial Account Information (CRS). We are required to give this information to the Internal Revenue Authority of Singapore (IRAS), together with information relating to your policies of which you are an Account Holder, which may be shared with tax authorities of other countries. If you have any question on how to determine your tax residency status, please contact a professional tax adviser as we are not allowed to give tax advice.
9. For the purpose of Foreign Account Tax Compliance Act (FATCA), a "US Person" means:
   (a) a US citizen or resident individual,
   (b) a partnership or corporation organised in the US or under the laws of the US or any State thereof, a trust if:
      (i) a court within the US would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and
      (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

**Documents Required:**

**For <u>New</u> claim (i.e. first claim for an accident or illness):**

1) Personal Accident Claim: Section 1 – Claimant's Statement
2) Personal Accident Claim: Section 2 – Doctor's Statement (to be completed by the <u>attending</u> doctor)
3) Clinical Abstract Application Form
4) Certified true copy of the Detailed Inpatient Discharge Summary
5) Certified true copy of any diagnostic reports, laboratory evidence and any relevant hospital reports
6) Original Medical Certificates. Else, certified true copy of all medical leave certificates by the Life Assured's employer.
7) Original final Hospital Bills / medical bills & receipts
8) Toxicology Report
9) Newspaper Clipping (if any)
10) Police Investigation Report (if any)
11) Copy of the claim settlement letter and payment voucher if there was a reimbursement of medical expenses from another insurance policies (if any)
12) Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of Life Assured who is a minor)
13) Copy of the NRIC/FIN or Passport of the Life Assured
14) Copy of the NRIC/FIN or Passport of the Policy Owner, if different from Life Assured

**Please continue to read page 2 of this Form.**



**Aviva Ltd** | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
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Please read pages 1 & 2 "**How to file a Personal Accident Claim**"

**Documents Required (continue):**

15) Proof of Policy Owner's relationship with Life Assured as follows (where applicable):

| **Policy Owner** | **Documents required** |
|---|---|
| Spouse | Marriage Certificate of Policy Owner |
| Children | Birth Certificate of Life Assured |
| Parent | Birth Certificate of Life Assured |
| Sibling | Birth Certificate of Life Assured and Policy Owner |

**In addition**, for claim under the **Mobility Aid and Home Modifications**:

1) Original tax invoices and receipts for the cost incurred
2) Doctor's written recommendation and prescription for purchase of mobility aid and/or home modifications

**For Continuity and/or further claim (i.e. further submission to a previous claim):**

1) Completed Personal Accident Continuity Claim – Claimant's Statement
2) Certified true copy of the Detailed Inpatient Discharge Summary
3) Certified true copy of any diagnostic reports, laboratory evidence and any relevant hospital reports
4) Original Medical Certificates. Else certified true copy of all medical certificates by the Life Assured's Employer
5) Original final Hospital Bills / medical bills & receipts
6) Copy of claim settlement letter and payment voucher if there was a reimbursement of medical expenses from another insurance policies

**Submission of documents:**

All claim documents can be submitted personally to Our Customer Service Centre or through the Financial Adviser Representative or intermediaries or by Post to:

4 Shenton Way
#01-01 SGX Centre 2
Singapore 068807
Attn: Individual Life Claims

For Claims enquiries, you can also contact our Customer Service at (65) **6827 9933** or
email us at **cs_life@aviva-asia.com**



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# CLINICAL ABSTRACT APPLICATION

## To whom it may concern:

| |
|---|
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| |

Dear Sir/Madam

Please furnish **AVIVA LTD** with a detailed medical report on:

| | |
|---|---|
| | |
| Name of Patient | NRIC/FIN/Birth Certificate No. |

This report is required for insurance purposes. Upon receipt of this application from **AVIVA LTD**, you may furnish a detailed medical report (together with histology report, laboratory results, etc.) whether for use in connection with litigation or for other legitimate purposes.

I agree that a copy of this authorisation form shall be considered as effective and valid as the original.

| | |
|---|---|
| | |
| Signature of Patient (if patient is above aged 21) | Signature of Next-of-Kin (if patient is below aged 21) |
| Name | Name |
| NRIC/PP No. | NRIC/PP No. |
| Address | Address |
| Date<br>DD / MM / YYYY | Date<br>DD / MM / YYYY |
| | Relationship<br>to Patient |



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* C L A I M F *

# PERSONAL ACCIDENT CLAIM - CLAIMANT'S STATEMENT

**IMPORTANT:**

1. Please read pages 1 & 2 "**How to file a Personal Accident Claim"** before completing this form.
2. All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
3. The acceptance of this form is **not** an admission of liability on the part of Aviva. Any documentary proof or report required by Aviva shall be furnished at the expense of the claimant(s).
4. Please continue to pay your premium until we have informed you the outcome of your claim.
5. Mobile number and email address provided under Page 8 of this form will replace our records accordingly.

| **Policy Number** | | | | | |
|---|---|---|---|---|---|
| **Details of Life Assured** | | | | | |
| Full Name | | | | NRIC / FIN / Passport/ Birth Certificate No. | |
| Date of Birth | DD / MM / YYYY | Gender | | Marital Status | |
| Occupation | | | | Date last at work | DD / MM / YYYY |
| Name and address of employer | | | | | |

| **Details of Accident** | |
|---|---|
| Date & Time of Accident<br>DD / MM / YYYY Time | Place & Country of Accident |
| Describe and provide details on how the accident happened. | |
| Describe the nature and extent of injuries/disability sustained, including exact site(s) of the body. | |
| Was there any eyewitness to the accident? If "Yes", please provide details below: ❒ Yes ❒ No | |

| Name of Witness | Address & Contact Number | Relationship with Life Assured, if any |
|---|---|---|
| | | |
| | | |

| Was the accident reported to the Police? ❒ Yes ❒ No<br>If "Yes", please provide copy of the police investigation report and complete the following: | |
|---|---|
| Name of Investigation Officer-in-charge | Police Station (Branch & Address) |
| | |
| Please state the type of treatment(s) provided. | |
| Date of 1st treated DD / MM / YYYY | |



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| **Details of Accident (continue)** | | | |
|---|---|---|---|
| Please state the reason if you did not seek treatment immediate after the accident. | | | |
| **Details of Illness / Infectious Disease** | | | |
| Date symptoms 1st started DD / MM / YYYY | | Date 1st treated DD / MM / YYYY | |
| Describe all the symptoms presented and the nature of the medical condition or disability. | | | |
| Date 1st consulted doctor for the condition DD / MM / YYYY | | | |
| Name & Address of doctor 1st consulted | | | |
| Date of diagnosis | DD / MM / YYYY | Exact Diagnosis | |
| Please state nature of ongoing treatment. | | | |
| Please state approximate date of completion DD / MM / YYYY | | | |
| Have you suffered from or received treatment for a similar or related illness / infectious disease? ❒ Yes ❒ No<br>If "Yes", please provide full details including name and address of doctor consulted and date of consultations, etc. | | | |
| Period of Hospitalisation | From DD / MM / YYYY | To DD / MM / YYYY | |
| Period of Medical Leave given | From DD / MM / YYYY | To DD / MM / YYYY | |
| Period of Medical Leave for **Light Duties** given | From DD / MM / YYYY | To DD / MM / YYYY | |
| Was surgery performed? If "Yes" please provide the details below: ❒ Yes ❒ No | | | |
| Type of Surgical Operation / Procedure | Date of Operation / Procedure | Name & Address of Doctor / Hospital | |
| | DD / MM / YYYY | | |
| Have you returned to work? ❒ Yes ❒ No<br>If "Yes", when did you return to work? DD / MM / YYYY<br>If "No", when would you be expected to return to work? DD / MM / YYYY | | | |



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**Other Information**

Are you able to perform all duties of your work after the accident/illness? ❒ Yes ❒ No

If "No", please provide the details below:

What are the work duties you are unable to perform?

When are you expected to be able to fully perform all work duties? DD / MM / YYYY

Details of doctor(s) consulted and/or hospital(s) admitted for **this injury / illness:**

| Name and address of Doctor(s) &/or Hospital Admitted | Date of First consultation | Date of Last consultation | Treatment Provided |
|---|---|---|---|
| | DD / MM / YYYY | DD / MM / YYYY | |
| | DD / MM / YYYY | DD / MM / YYYY | |

Details of Life Assured's doctor(s) consulted for **any other d**isorders / conditions.

| Name & Address of Doctor | Reason for Consultation | Treatment Provided | Date of First Consultation | Date of Last Consultation |
|---|---|---|---|---|
| | | | DD / MM / YYYY | DD / MM / YYYY |
| | | | DD / MM / YYYY | DD / MM / YYYY |

Are you claiming Medical Expenses, Workman's Compensation from any other source? ❒ Yes ❒ No

If "Yes", please provide the details below:

| Name of Insurance Company, Employer, Third Party, etc | Nature of Claim | Amount Claimed | Policy Number |
|---|---|---|---|
| | | | |
| | | | |

**For Female Only**

Were you pregnant at the time of accident? ❒ Yes ❒ No

Was your hospitalization related to the pregnancy? ❒ Yes ❒ No

If "Yes", please provide the details below:

| Name & Address of Obstetrician/Gynecologist | Date of Consultation |
|---|---|
| | DD / MM / YYYY |

**Policyholder's (Assured's) Bank Account Details – Default payment method is direct credit to the account below**

| Name of Bank | SWIFT/BIC Code | Bank Account No. |
|---|---|---|
| | | |

**Notes:**

(i) Please provide a copy of your bank statement/bank book for account verification and a copy of NRIC/Passport of all bank account holders.

(ii) Aviva will pay to the above bank account for future claims under this Policy. If there is a change of bank account, please notify Aviva.



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## Declaration of Beneficial Owner

**Note:** This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

❒ I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form in our Aviva website www.aviva.com.sg.

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

"Legal person" means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

"Legal arrangement" means a trust or other similar arrangement.

## Declaration of US person status under the Foreign Account Tax Compliance Act (FATCA)

**Note:** US Indicia means a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US "in-care-of" or "hold mail" address).

**Please tick (√) the box as appropriate.**

❒ I/We declare and agree that there is no change to my tax status and I am/we are not a "US Person" for US federal income tax purposes and that I am/we are not acting for, or on behalf of a US person. I/We understand that Aviva Ltd, believing this statement to be true, will rely and act on it.

❒ I/We declare and agree that I/We have one or more US indicia but I am/we are not a "US Person" for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person. I/We understand that Aviva Ltd, believing this statement to be true, will rely and act on it.
(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at http://www.aviva.com.sg/fatca/resources-downloads.html) and return to Aviva.

❒ I/We declare and agree that I am/we are a "U.S. Person" for U.S. federal income tax purposes.
(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at http://www.aviva.com.sg/fatca/resources-downloads.html) and return to Aviva.

I/We understand that Aviva Ltd is required to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds under cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year. I/We agree that if my/our tax status has changed to a US tax status and/or I/we have become US citizen(s) or resident(s), I/we will notify Aviva Ltd within 30 days of the change.

**Warning:** Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).

## Declaration of Tax Residency under the Common Reporting Standard (CRS)

**Please tick (√) the box as appropriate.**

❒ I/We declare that there is no change to the information that I/we have provided to Aviva Ltd that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.

❒ I/We declare that there is a change(s) to the information that I have provided to Aviva Ltd that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.
(If you have selected this option, the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** (available at http://www.aviva.com.sg/CRS/resources-downloads.html) and return to Aviva.

I/We declare that I am/we are the Account Holder (or am authorized to sign the Account Holder) of all account(s) to which to this form relates. I/We undertake to notify Aviva Ltd within 30 days of any change in circumstances which affect my/our tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva Ltd a suitably updated self-certification form and declaration within 90 days of such change in circumstances.

For the purposes of this section, Account Holder means the person listed or identified as the policy owner of the policy. A person holding a policy for the benefit of another person as an agent, custodian, nominee, signatory, advisor, intermediary or as a legal guardian is not treated as the Account Holder.

**Warning:** Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).



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## Declaration and Authorisation

I/We, hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information or circumstance has been withheld or omitted.

I/We, declare that I/We am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We agree that:

a) this claim signifies my/our consent to Aviva Ltd to obtain medical information from any doctor whom the Life Assured has consulted and I/We authorise the doctor to release such information to Aviva.
b) Aviva may release any relevant information concerning the Life Assured (including medical information) to any third party, which Aviva deems necessary.
c) any third party has received any information concerning the Life Assured may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the Life Assured (including medical information) to any other party for any purposes related to the Life Assured's application or my/our claim for the benefits.
d) a photocopied copy of this form shall be treated as valid and binding as if it is the original.

On behalf of myself and the Life Assured, I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing the Life Assured and my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:

a) to issue and administer the Life Assured and my/our existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the Life Assured) and/or claims purposes;
b) for statistical, research, compliance, audit and regulatory purposes; and
c) to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or the Life Assured) as well as to provide financial advice or product recommendations to me/us, where applicable.

On behalf of myself and the Life Assured, I/We also consent to Aviva (and Aviva related group of companies) disclosing and transferring my/our personal data to (i) Aviva related group of companies and their respective third party service providers, reinsurers, suppliers and intermediaries; (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purpose and such other purposes as described in Aviva's Personal Data Protection Statement ("Statement").

For a copy of the Statement and more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdpa.html

| | |
|---|---|
| Signature / thumbprint | Date<br>DD/MM/YYYY |
| Name of Assured | |
| NRIC/FIN/PP No. | Mobile No. * |
| Email * | Home/Office Tel No. |
| Residential Address<br>Country | Postal Code |
| Mailing Address<br>(if different from Residential Address) Country | Postal Code |
| Signature of Life Assured who is 21 years old or above (if different from Assured) | Date<br>DD/MM/YYYY |
| Name of Life Assured | |
| NRIC/FIN/PP No. | Mobile No. * |
| Email * | Home/Office Tel No. |

* **Note:** Mobile number and email address provided under this Section will replace our records accordingly



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