

## **PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS) – CLAIMS PROCEDURE AT A GLANCE**

Please refer to the following documents required for filing each type of claim:

### **A. For Death Claim**

- 1) Death Claim Form (to be completed)
- 2) Certified True Copy of Death Certificate
- 3) Certified True Copy of Marriage Certificate if deceased was married
- 4) Certified True Copy of deceased's Birth Certificate and copy of deceased's parents' identity cards if deceased was not married
- 5) Certified True Copy of Claimant's identity card (front and back)
- 6) Certified True Copy of Last Intestate Will (if any)

Note: Aviva will request for the Physician Statement if there is insufficient information on the submitted documents.

### **Please submit the following additional documents if death cause is due to accidental events:**

- 1) Police Investigation Report
- 2) Post Mortem / Autopsy Report
- 3) Toxicology Report
- 4) Coroner's Inquest

### **B. For Total & Permanent Disability / Partial & Permanent Disability / Terminal Illness Claim**

- 1) Total & Permanent Disability / Partial & Permanent Disability / Terminal Illness Claim Form (to be completed)
- 2) Physician's Statement (to be completed by Attending Physician)
- 3) Certified True Copy of all X-ray / Laboratory tests / MRI / CT Scan Reports
- 4) Certified True Copy of Member's NRIC (front and back)

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Member.

### **C. For Critical Illness / Early Critical Illness Claim**

- 1) Critical Illness / Early Critical Illness Claim Form (to be completed)
- 2) Physician's Statement (to be completed by Attending Physician)
- 3) Certified True Copy of all X-ray / Laboratory tests / MRI / CT Scan Reports
- 4) Certified True Copy of Member's NRIC (front and back)

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Member.

### **IMPORTANT NOTE:**

- **The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to pursue for the said documents.**

### **Submission of claim documents:**

Contact us at 6827 9939 to guide you through the claim process or email the complete set of claim documents to [pogis\\_claims@aviva-asia.com](mailto:pogis_claims@aviva-asia.com) (Note: This is applicable for claim event occurring in Singapore only).

Alternatively, please submit the complete set of claim documents to our Customer Service Counters or mail in to us at:

**AVIVA LTD**  
**Group Life & Health Claims**  
**4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807**

**Attention: POGIS claims team**

**PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS)  
 CRITICAL ILLNESS / EARLY CRITICAL ILLNESS CLAIM FORM**

**IMPORTANT:**

1. Please refer to the Claims Procedure at a Glance for documents required for submission of this claim.
2. Member will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
3. Member shall bear the cost of medical reports fees (if any).
4. Please continue to pay the premium until we have informed you on the outcome of your claim.
5. Aviva Ltd does not admit liability by the mere issue of this or any other form.

**SECTION 1 – To be completed by Member**

<b>A. Details of Member</b>			
Name of Member			
ID/FIN/Passport/BC No	Date of Birth	Gender	Marital Status
Mailing Address			Contact No.
Email			
<b>B. Details of Illness</b>			
1) Date symptom 1 <sup>st</sup> started	2) Describe symptoms 1 <sup>st</sup> presented		
3) Date 1 <sup>st</sup> consulted doctor for the condition			
4) Name & Address of doctor 1 <sup>st</sup> consulted			
5) Date of diagnosis	6) Exact diagnosis		
7) What was the treatment (including any surgery) recommended and received by you?			
8) Have you previously suffered from or received treatment for a similar or related illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide full details.			

<b>B. Details of Illness (continue)</b>			
9) Is the Illness a result of an Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please state			
Date & Time of Accident		Place of Accident	
Describe in detail how the accident happened			
Nature and extent of injuries			
Was the accident reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide a copy of the police report.			
10) Details of doctor(s) consulted or hospital(s) admitted for this Illness			
Name & Address of Doctor	Date 1 <sup>st</sup> & Last Consulted	Treatment Provided	
11) Details of doctor(s) consulted for any other disorders / conditions			
Name & Address of Doctor	Reason for Consultation	Treatment Provided	Date 1 <sup>st</sup> & Last Consulted
12) Have Member been hospitalized for condition(s) related to this Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please state			
Name of Hospital	Date of Admission	Date of Discharge	Reason for Hospitalization
13) Is Member claiming from any other Insurer(s) or other sources in respect of this Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the details.			
Name of Insurer	Type of Plan	Policy Effective Date	Sum Assured

**C. 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 has been withheld nor any relevant circumstances omitted.

I/We declared 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 further consent to Aviva Ltd seeking information from any clinic, hospital, physician, person, organization, employer that may be required in connection with this claim and I/We authorize the giving of such information to Aviva. A photocopy of this authorization shall be considered as effective and valid as the original.

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Note: If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us.

Name and signature/thumbprint of Insured Employee	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature/thumbprint of Member who is 21 years old or above (if different from Insured Employee)	NRIC/Passport number	Date (dd/mm/yyyy)

**D. To be completed by the relevant Ministry / Statutory Board's Authorised HR Officer only**

Name of Insured Employee	NRIC / Passport No:
Name of company	Date of Employment (dd/mm/yyyy)
Name of Authorised Officer	Contact Number/ Email address of Authorised Officer
Signature & Company Stamp	Date (dd/mm/yyyy)