

# CLAIM FORM



## IMPORTANT INFORMATION

Return this form with original invoices to: **Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.**  
**If you have any questions when completing this form, please call us on +44 (0) 1273 323 56**

Raffles Health Insurance Pte Ltd ("RHI") (Company Registration Number: 200413569G) is the insurer and Bupa Global, the trading name of Bupa Insurance Services Limited, is the administrator of the RHI international health insurance plans in Singapore.

Please ensure that all sections of the claim form are fully completed. Note that claims payment may be delayed if all sections of the claim form are not completed in full. The form should be returned to us within six months of the initial treatment date. Always enclose the original invoices - photocopies, receipts and credit card vouchers are not acceptable. **Please write clearly in black ink and BLOCK CAPITALS.**

Please complete a new / separate claim form for: ☐ each patient ☐ each in-patient / day-case stay ☐ each medical condition ☐ each currency

If you have more invoices, you do not need to send a further claim form. Just send the invoices with a covering letter stating the condition and payment instructions. If the condition continues for more than six months, we may request a new claim form to be completed.

We are unable to return original documents, but we will be happy to provide certified copies on request.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg).)

## 1 PATIENT'S DETAILS (to be completed by the person undergoing treatment)

Title:

First name:

Family name:

Other names:

Date of birth:

D

D

M

M

Y

Y

Age last birthday:

NRIC No / Passport No:

Correspondence address:

Building:

Street:

Town / city:

Area code:

Region:

Country:

Email:

Telephone:

Is this your permanent residency address?

Yes ☐ No ☐

Do you want all future correspondence sent to this address?

Yes ☐ No ☐

Do you have a residence in the USA?

Yes ☐ No ☐

In which country did the treatment take place?

What is the currency of the invoice?

What is the total amount of the claim?

## 2 MEDICAL DETAILS

(all sections must be completed by the doctor in overall charge of the patient's treatment)

### Medical Practitioner's details:

Name:

Address:

Qualifications:

Diagnosis:

Onset date when symptoms first noticed by patient:

D	D	M	M	Y	Y
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When did the patient first see a doctor?

D	D	M	M	Y	Y
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Details of treatment:

Details of operation:

Details of medication:

### Dental treatment

Annual check	<input type="radio"/>	Preventive	<input type="radio"/>
Major restorative	<input type="radio"/>	Orthodontics	<input type="radio"/>
Accident / emergency treatment	<input type="radio"/>		

Details of treatment:

### Hospital dates:

Admission date:

D	D	M	M	Y	Y
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Discharge date:

D	D	M	M	Y	Y
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Name and address of admitting hospital:

Reference number:

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Name:

Address:

Telephone:

Fax:

Email:

Medical practitioner's / dental surgeon's signature

Date



## 5 YOUR CONSENT TO OBTAIN A MEDICAL REPORT

### IMPORTANT INFORMATION

Please read this section carefully, as it sets out your rights under the Singapore Personal Data Protection Act 2012 / Do Not Call Regime and the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

I understand, acknowledge, agree and consent that:

(a) Raffles Health Insurance Pte. Ltd., Bupa Global, the trading name of Bupa Insurance Services Limited, who is the administrator of international health insurance policies in Singapore and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by Raffles Health Insurance Pte. Ltd. and Bupa Global (collectively the "**Personal Information**") and disclose and transfer such Personal Information to reinsurers, lawyers /law firms of Raffles Health Insurance Pte. Ltd. or Bupa Global and the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")

(b) Reinsurers, lawyers /law firms of Raffles Health Insurance Pte. Ltd. and lawyers /law firms of Bupa Global may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Member Name:

NRIC No / Passport No:

Member's signature:

Date

Contact address: If you do not wish to receive information about products and services, or have any other Data Protection queries please write to your administrator's Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at [DataProtection@Bupa.com](mailto:DataProtection@Bupa.com).

## 6 THIRD PARTY INSURERS

Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?):

Yes ☐ No ☐

Name:

Address:

## 7 DECLARATION

### IMPORTANT INFORMATION - TO BE COMPLETED BY THE PATIENT

I confirm that the information I have given on this form is accurate and correct, to the best of my knowledge. I understand that in the event that terms and conditions of my plan have not been met, RHI and Bupa Global reserve the right to recover any costs directly from the plan holder of myself.

I confirm that I give explicit consent to process my personal information with respect to this claim.

Patient's signature (Parent or guardian if patient is under 16)

Date

## 8 PARENTAL/GUARDIAN CONSENT (to be completed if main member is under 16 years old)

Name

NRIC/Passport No.:

Relationship to Main Member:

Signature

Date

If you have any queries regarding your claim, log onto our website [www.bupa-intl.com/membersworld](http://www.bupa-intl.com/membersworld) or contact our customer services team on:

○ Telephone: +44 (0) 1273 323 563

○ Fax: +44 (0) 1273 820 517

○ Email: [info@bupa-intl.com](mailto:info@bupa-intl.com)

Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

Raffles Health Insurance Pte Ltd (Company Registration No: 200413569G), 133 Middle Road, Bank of China Plaza #02-00, Singapore 188974.

[www.raffleshealthinsurance.com](http://www.raffleshealthinsurance.com) +65 6340 1660 Please refer to your membership certificate for details of your insurer.