



redefining / insurance



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Co. Reg No. 199903512M

WORK INJURY COMPENSATION CLAIM FORM Policy/ Certificate No.

Jan Intake - P1712131 (07/01/2019 to 12/01/2020)

Apr Intake - P1787189 (01/04/2019 to 05/04/2020)

You Do Not need to complete this claim form, if you have a copy of the MOM iReport.
All questions must be fully and accurately answered.

A. POLICY INFORMATION

Policyholder's Full Name

Email Telephone No.

Total no. of Employees

Is your company GST Registered? Yes No

B. CLAIMANT DETAILS

Full Name

NRIC / FIN No. Mobile No.

Nationality Date of Birth

Occupation Date of Employment

Is the claimant in your direct employment?

Yes No please provide, name and address of direct employer

No. of working days per week 5 days 5 1/2 days 6 days others, please specify

Average Monthly Earnings (12 months before the accident)

C. LOSS DETAILS

Date and Time of Accident: Date: Time:

Location of Accident

Is this a project site? No Yes Main contractor Name:

Description of Accident

Description of Injury Sustained (e.g. body part injured, injury type)

Are you satisfied the injured has met with a bona fide accident arising out of his/her employment?

Yes No please provide details.

Was the injured under the influence of alcohol or drugs at the time of accident?

No Yes please provide details.

Medical Treatment: Inpatient Outpatient

Name of hospital / client taken to

Have the claimant returned to work?

No Yes please provide date:

D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name

Bank Code

Account No.

Branch Code

Email (for payment notification)

E. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date: _____

Date: _____

Signature of Claimant

Signature of Policyholder

(Please also provide Company Stamp for corporate policy)

F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Medical Certificates
- Original Final Hospital/ Medical Bills
- Medical Reports/ Inpatient Discharge Summary - if any
- Police Report/ Accident Report – for traffic accident claim, etc.
- Death Certificate – only for death claim.
- Contract agreements if accident occurred at project site
- Work Permit
- Wage Payment vouchers – 12 month before accident
- Wage Payment voucher during medical leave

G. TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



www.axa.com.sg
(Claim Section)



1800 880 4888



cst@axa.com.sg

AXA Insurance is committed to making your claim submission simple and easy.
Thank you for insuring with AXA Insurance, we are proud to serve you.