

**NGEE ANN POLYTECHNIC  
HEALTH SCIENCE CLAIM FORM**

**Please complete this form fully. Incomplete forms may delay claim settlement.  
Claims should be submitted within 30 days of treatment.  
If you need more time to prepare the documents, please submit the "Claim Notification" online form at [www.mycg.com.sg/np-hs](http://www.mycg.com.sg/np-hs).**

CLAIMS PROCEDURE		CONTACT INFORMATION	
1. Complete this Claim Form. 2. Prepare/obtain the documents required in the Checklist below. 3. Keep a photocopy for your records. 4. Send the documents to "3 Church Street, #25-00 Samsung Hub, Singapore 049483" for processing. 5. For follow-up claims, please post the original bills to MYCG with a note attached stating "Follow-up Claim", the "Student's Full name" and "NP Health Science". 6. Generally, claims will be processed within 30 days after receipt of complete documents and information. The student will be notified of the result of the claim by email. For approved medical expense claims, the reimbursement will be credited into the student's bank account.		<b>MYCG PTE LTD</b> Add : 3 Church Street, #25-00 Samsung Hub, Singapore 049483 Tel : (65) 6476 3829 Fax : (65) 6474 0089 Email : <a href="mailto:customercare@mycg.com.sg">customercare@mycg.com.sg</a> Web : <a href="http://www.mycg.com.sg/np-hs">www.mycg.com.sg/np-hs</a>	
TYPE OF CLAIM	DOCUMENTS REQUIRED (CHECK LIST)	POLICY NO. / TYPE OF STUDENT (Select One)	
<input type="checkbox"/> Hospitalisation and/or Surgical	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Final Hospital Bill (the hospital will usually send the final bill to the patient about 2 to 3 weeks after discharge) <input type="checkbox"/> Original Pre and Post Hospitalisation/Surgery Bills <input type="checkbox"/> Discharge Summary/Day Surgery Authorisation Form <input type="checkbox"/> Copy of Referral Letter / A&E Memo <input type="checkbox"/> Copy of Test Written Reports eg. x-ray, MRI (if any)	<b>Ngee Ann Polytechnic Health Science Student (not including Asian Nursing Scholars)</b> Period of Insurance: 21 April 2014 to 19 April 2015  <input type="checkbox"/> <b>Local (Singaporean &amp; SPR) Student</b> Q0047492 – GHS & Outpatient Extension (Clinical Attachment)  <input type="checkbox"/> <b>International Student</b> Q0017703 – GHS Q0047492 – Outpatient Extension (Clinical Attachment)	
<input type="checkbox"/> Outpatient Specialist <input type="checkbox"/> A&E <input type="checkbox"/> Outpatient Mental Health	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills <input type="checkbox"/> Copy of Referral Letter / A&E Memo <input type="checkbox"/> Copy of Test Written Reports eg. x-ray, MRI (if any)		
<input type="checkbox"/> Clinical Attachment Incident (eg. needle stick, bodily fluid splash etc)	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Original Medical Bills <input type="checkbox"/> Copy of Referral Letter / A&E Memo <input type="checkbox"/> Copy of Test Written Reports eg. x-ray, MRI (if any) <input type="checkbox"/> Incident Report		
SECTION A DETAILS OF INSURED PERSON (STUDENT)			
Name of Insured Student (please write in capitals, as per bank account)		FIN Number	Date of Birth
E-mail		Mobile/Telephone No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (in Singapore)		Polytechnic Course of Study	Student ID No.
Are you a Full-Time or Part-Time Student <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Were you or are you now on Leave of Absence (LOA) from the Polytechnic? If so, please state period of LOA.	Date of Admission to Polytechnic	Expected Date of Graduation
SECTION B DETAILS OF STUDENT'S BANK ACCOUNT – Reimbursement for approved claims will be credited into the student's bank account. Please DO NOT state the bank details of another person. Please contact MYCG at <a href="mailto:customercare@mycg.com.sg">customercare@mycg.com.sg</a> for alternative arrangements.			
Bank Name (please tick) <input type="checkbox"/> DBS/POSB <input type="checkbox"/> UOB <input type="checkbox"/> OCBC <input type="checkbox"/> _____		Account Number (please write clearly)	
SECTION C DETAILS OF ILLNESS			
Description of Illness/Symptoms/Final Diagnosis		Date Symptoms First Noticed	
Description of Treatment/Name of Surgery		Date First Treated	Hospitalisation Period
SECTION D DETAILS OF ACCIDENT			
Description of Accident (Please state in detail how it happened)		Place of Accident	Date of Accident
Description of Injury (Nature and extent of injury sustained)		Description of Treatment/Name of Surgery	Time of Accident
		Hospitalisation Period	Is this a work-related injury <input type="checkbox"/> No <input type="checkbox"/> Yes
SECTION E OTHER INFORMATION			
Has the illness been treated before? Has the same part been injured before? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state date first occurred		Name & Address of Attending Doctor/Clinic/Hospital	
Are you making a claim for this treatment from any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state name of insurer			
SECTION F DECLARATION & AUTHORISATION			
I hereby authorise any hospital, physician, person or organisation who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Singapore Pte Ltd any and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original. I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, of if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.			
Signature of Insured Student			Date

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