

## Outpatient-Medical (EZCare)

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by Liberty shall be furnished at the expense of Policyholder or Claimant.

1. Please complete and submit this claim form with all original bills/invoices/receipts to Integrated Health Plans Pte Ltd (IHP) at 12 Hoy Fatt Road #05-01A Singapore 159506 within 30 days from date of consultation.
2. Please use one (1) claim form for each claimant.

For any enquiries, please contact IHP at (+65) 6715 9422.

### For Outpatient Specialist/Diagnostic X-rays & Labs Tests claims

- For 1<sup>st</sup> time visit, a referral letter from a Registered Medical Practitioner is required (First consultation must fall within one year of the date of the referral letter)
- Subsequent visits for the same medical condition do not require a referral letter
- Copy of an existing referral letter is required if Claimant is claiming for existing medical condition from Liberty Insurance for the 1<sup>st</sup> time

### Information of Policyholder (Employer)

<b>Name of Policyholder (Employer):</b> _____	<b>Policy No.:</b> _____
<b>Mailing Address:</b> _____	
	Postal Code ( )

### Information of Insured Member (Employee)

<b>Name of Insured Member (Employee):</b> _____		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of Employment:</b> _____	<b>NRIC/FIN No.:</b> _____	<b>Date of Birth:</b> _____
<b>Occupation:</b> _____	<b>Contact No.:</b> _____	
<b>Email:</b> _____		

### Information of Claimant (Dependant)

<b>Name of Claimant (Dependant):</b> _____		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Spouse	<b>NRIC/FIN No.:</b> _____	<b>Date of Birth:</b> _____

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## Details of Claims

Nature of Illness/Diagnosis/Injury	Date of Treatment	Amount Incurred	Amount Payable	Invoice/ Receipt No.

## Claims Payment Details

<b>Claim amount to be made payable to:</b>	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee
<b>Claim amount in:</b>	<input type="checkbox"/> Check	<input type="checkbox"/> Credit to the following bank account via GIRO

## Bank Account Information for Electronic Transfer

<b>Name of Bank:</b>	<b>Bank Code:</b>	<b>Branch Code:</b>
<b>Bank Account No.:</b>	<b>Name of Account Holder:</b>	

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

### PERSONAL DATA PROTECTION

I hereby give consent to Liberty Insurance Pte Ltd ("Liberty") and third-parties including related companies, employees, agents, brokers, service-providers, collaborators, partners, contractors, the Monetary Authority of Singapore, the General Insurance Association, insurance industry bodies etc. (etc. (each an "appointee"), and each of their downstream third-parties in turn (collectively, "appointees"), to collect, use and disclose all personal data whatsoever about myself and other individuals, from any source, whether they were, are and/or will be collected howsoever by Liberty and/or the appointees in the past, present and/or future, for one or more of the purposes described in Liberty's Data Protection Policy as it may be amended from time to time, including but not limited to considering whether to provide insurance, due diligence, underwriting, administering and servicing policies, communications, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, surveys, dispute resolution, data/technology management, and anything incidental, ancillary, exploratory or supportive of the foregoing. I have read and agreed to the full Policy, which is also available at [www.libertyinsurance.com.sg/data-protection-policy/](http://www.libertyinsurance.com.sg/data-protection-policy/) and as it may be amended from time to time. All personal data are true, accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge, as soon as practicable. If I have given any personal data about or belonging to other individuals howsoever (whether or not representing that data as mine, about me, or to be used by me), I continually warrant that I have obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or the appointees to collect, use and disclose their personal data for the purposes and on the terms stated in this document, as if they were me. All consents are given now, unconditionally and independent of any contract, last beyond any contractual term and remain in force until I request to withdraw or amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to [dpo@libertyinsurance.com.sg](mailto:dpo@libertyinsurance.com.sg).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyholder & Company Stamp