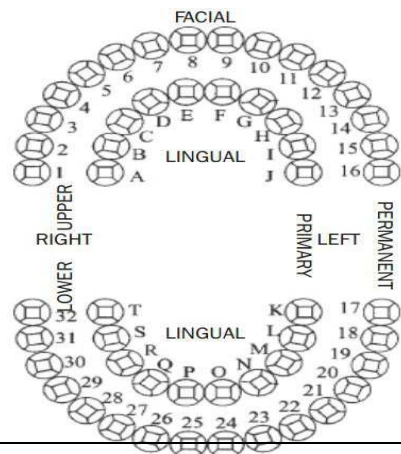


Dental claim form

This claim is not an admission of liability.

Date received:

Dear Member, we thank you for completing all sections of this claim form and for signing and dating it. All fields on the front page and the patient's signature at the Patient's Declaration on the second page are compulsory. We thank you in advance for your cooperation which will facilitate prompt processing of your claim.

A. PATIENT DETAILS			
Policy/membership no.:		Policy/company name:	
Patient date of birth: dd / mm / yyyy	Gender:	Patient name:	
NRIC No./FIN/Passport no.:		Plan:	
Email address:		Contact No:	
B. CLAIM DETAILS (to be completed by dentist)			
Duration of illness:	Date of Consultation: dd / mm / yyyy		
Chief complaint and main symptoms:			
Diagnosis:			
Other Conditions:			
Please Tick (☐) where appropriate:			
<input type="checkbox"/> Pre-existing condition (if yes, please give details) <input type="checkbox"/> Sports Related <input type="checkbox"/> Work related accident <input type="checkbox"/> Orthodontics/ esthetics <input type="checkbox"/> Congenital/development <input type="checkbox"/> Routine dentistry <input type="checkbox"/> Check-up <input type="checkbox"/> Road traffic accident related			
Specify the recommended investigations, and/or procedures using the tooth number as shown on the teeth map above			
Service code	Service description	Tooth no. / Letter	Service cost
C. TREATMENT ADVISED / FUTURE TREATMENT PLANNED			
Please give details of any drugs prescribed and / or any further planned treatment			
D. OTHER INSURER'S DETAILS			
Is the treatment accident related? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you have answered 'yes', please give details of the accident.)		Is it covered under another insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have answered 'yes' to either of these questions, please give the name of the insurance company involved. (Kindly submit a copy of the other insurance company's claim settlement letter/ payment voucher)			

E. PAYMENT DETAILS

Amount claimed: Please ensure that the amount claimed here is supported by original invoices and prescription.	
Cheque beneficiary name : (IN CAPITAL LETTERS)	
Telegraphic bank transfer: (Bank details will be required if previously not declared in application form)	
Bank account no:	Bank SWIFT code:
Name of bank:	Bank address:
Payment will be made in the currency defined in your plan unless we agree otherwise in writing. In which currency was the treatment originally billed?	
Member's and patient's details	
Patient's name and address:	
Telephone no:	Email address:
Mobile no:	
Address to which payment should be sent if different from above:	

PERSONAL DATA PROTECTION

Liberty Insurance Pte Ltd ("**Liberty**") takes the responsibilities under Singapore's Personal Data Protection Act 2012 (the "**PDPA**") seriously. We also recognize the importance of the personal data you have entrusted to us and believe it is our responsibility to properly manage, protect and process your personal data.

The personal data which Liberty collect from you in this claims form, that previously collected and/or collect in the future, may be collected, used, disclosed and/or processed for one or more of the following purposes:

- a) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims
 - b) investigating the accident and/or your claims
 - c) carrying out and/or dealing with your instructions or responding to any enquiries by you
 - d) conducting research, in-house training, analysis and development activities (including but not limited to data analytics, surveys (such as insurance survey, customer service survey, branding survey), branding campaign, quality assurance, product and service development and/or profiling) to improve Liberty's services or products and/or to enhance the product or service for your benefit
 - e) administering your 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)
 - f) investigating fraud, misconduct, any unlawful action or omission, whether relating to your claims or any other matter relating to your claim(s), storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore
 - g) recover debt owed to us
 - h) complying with applicable laws in administering, processing, handling and/or dealing with your claims
 - i) reinsurance administration/transactions
 - j) Any other purposes which we notify you of at the time of obtaining your consent
- (collectively the "**Purposes**")

Liberty may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

- a) Liberty's associated or affiliated organizations or related corporations
- b) any of Liberty's agents, contractors or third party service providers who process your personal data on Liberty's behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks, medical professional, reinsurers, workshops
- c) lawyers/law firms, legal process participants and their advisors
- d) General Insurance Association Singapore ("GIA")
- e) Monetary Authority of Singapore ("MAS")
- f) any third party in connection with any proposed or actual reorganisation, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty's business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- g) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

For more information on collection, use, disclosure and protection of personal data, please visit our Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy/.

DECLARATION

1. I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

I authorize the release of any medical information necessary to process this claim.

2. The personal data of the individual (the "3rd Party Individual") which I/we providing to you in this form where applicable, is legitimate and accurate, that I/we am/are validly acting on behalf of the 3rd Party Individual and that I have the authority of the 3rd Party Individual to provide the 3rd Party Individual's personal data to Liberty and for Liberty to collect, use, disclose and process such personal data for the purpose as stated therein.
3. I/We have read and agree to the above, including as to how my personal data may/will be collected, used, and processed by Liberty and others as stated above.

Date

Signature of Claimant

Date

Signature of Policyholder &
Company Stamp