



		<b>Extractions</b>		
	DE03	Routine (Simple) – each tooth		
		<b>Surgical Extractions</b>		
	DE41	Erupted tooth or root		
	DE42	Soft tissue impaction		
	DE43	Part bony impaction		
	DE44	Completely bony impaction		
		<b>Alveoplasty</b>		
	DE45	Per quadrant, in connection with extractions		
	DE46	Per quadrant, not in connection with extractions		
	DE47	For a complete Alveoplasty involving more than one quadrant		
	DE19	<b>Excision of Tumour</b>		
		<b>Fracture of Jaw</b>		
	DE48	Simple		
	DE49	Compound		
		(X-ray of the fracture must accompany claim for		
		<b>Repair of Prosthetic Appliance</b>		
	DE50	Repair of broken complete or partial denture		
	DE51	Repair of denture and replace broken tooth		
	DE52	Adding tooth to partial denture to replace extracted tooth		
	DE53	Add tooth to partial denture plus clasp		
		<b>Space Maintainers</b>		
	DE54	Fixed band type (uni or bilateral)		
	DE55	Removal in Acrylic (uni or bilateral)		

**Clinic Stamp & Signature of Dentist**

**Declaration , Authorisation and Consent (to be signed by the Employee/Claimant)**

(a) I hereby declare that the statements and answers given in this form are true and complete to the best of my knowledge and belief, and further, that I have not made any false or fraudulent statement, suppressed or concealed any facts. (b) I hereby expressly authorise and consent to: (i) any hospital, medical practitioner, clinic, any medical source and any insurance office to disclose to Prudential Assurance Company Singapore (Pte) Limited ("Prudential") or its appointed third party service providers, all information relating to me or the dependent, including my/our personal particulars, my/our medical records, and any information required; and (ii) Prudential collecting, using and disclosing the information set out in sub-section (i), above to any of the following persons whether in Singapore or elsewhere: (1) Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;(2) any of Prudential's contractors or third party service providers; and (3) the Policyholder and its appointed intermediary, for the purposes of claims assessment, policy servicing, statistical analysis, investigation of Prudential's representatives and monitoring undesirable sales practices. (c) I understand and agree that a photocopy of this authorisation shall be as valid as the original.

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

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date

**Prudential Assurance Co. Singapore (Pte) Ltd**  
**Enterprise Business**

Singapore Post Centre Post Office, PO Box 399, Singapore 914014

Telephone: 1800 -835-9733