PRUDENTIAL

Group Outpatient Claim Form

1. Claims should be submitted within **30 days** with original bills and receipts. Original bills and receipts must show the claimant's name, date of treatment, diagnosis and must have the attending physician's stamp and signature.

2. Claims for Specialist Outpatient Treatment or X-rays/laboratory tests must include a copy of the General Practitioner's (GP) referral letter for the first consultation. Visits to the specialist which are more than 1 year apart require a new referral letter from a GP.

3. Claims for purchase of drugs must include a copy of the attending physician's prescription.

4. For payment via GIRO, please submit a copy of bank account statement.
   (This is not required if you have already provided us in your previous claims.)

Name of Employer :		**Group Policy No :**
Name of Employee :	**NRIC / Passport No :**	**Date of Birth (DDMMYY) :**
Payment by : ☐ **Cheque to Company** ☐ **Cheque to Employee** ☐ **Giro to Employee's account** ***We will pay to the employee by cheque if the above selection is not completed.***		**Date of Employment (DDMMYY) :**

For payment via GIRO, please provide Employee's bank details ***(You do not have to complete this field if you have provided us details previously.)*****. :**

Bank Code:	**Branch Code:**	**Account No:**

We will pay by cheque if the GIRO transaction is not successful.

Date of Consultation (DDMMYY)	Name of Claimant	Ee/ Sp/ Ch*	Date of Birth (DDMMYY)	Diagnosis (Please state medical condition)	Amount ($)

Additional information (if any):

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

(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.

Claimant/Guardian's Signature :	**Employer's Signature & Company Stamp :**	**Date :**

***Ee: Employee / Sp: Spouse / Ch: Child**

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