



**GROUP DENTAL CLAIM FORM**

(1) Please submit the completed claim form together with the original invoice. The invoice must state the breakdown of dental services provided.  
 (2) 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.)

**Employee's Details**

Name of Company	Policy No.
Name of Employee	NRIC/PP No.
Date of Employment (DDMMYY)	Date of Birth (DDMMYY)

**Claimant's Details (Please complete only if the claimant is the employee's spouse or child.)**

Name of Claimant	NRIC/PP No.
Date of Birth (DDMMYY)	Relationship to Employee: Spouse    Child

**Payment Information**

Cheque Payable To :                      Company    Employee  
 (We will pay to the employee if above selection is not completed.)

For payment via GIRO, please complete in full the Employee's bank details below (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.)

**Visit Information**

Date of visit (DDMMYY) :

Procedures	Quantity	Claim Amount
X-Ray		
Scaling, Polishing & Prophylaxis treatment		
Fillings		
Simple & Surgical Extraction		
Root Canal Treatment		
Gum Treatment including curettage		
Periodontal Surgery		
Dentures, Crowns & Bridges due to accident (Please provide a note from the dentist describing how the accident occurred and the dental procedure performed.)		
<b>Total :</b>		

**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.

Employee's Signature	Company's Stamp	Date