

NTUC GIFT TOTAL AND PERMANENT DISABILITY CLAIM

Dear Claimant

We are sorry to learn of your injury. In order for us to process your claim, please complete this form in FULL and attach the required documents.

Important Notes

- (a) All items must be duly completed to avoid delay in the claim processing. Please indicate as “N.A.” if not applicable.
- (b) Upon receipt of ALL the required documents, we will process your claim and inform you of the outcome as soon as possible. Please allow approximately 4 weeks for claim processing, subject to submission of all required documents.
- (c) The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income shall be furnished at the expense of the Claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents **within 90 days from date of occurrence**.
- (d) Please submit all claim documents through your respective union (for Ordinary Branch) or NTUC Membership Dept (for General Branch/U Club).

Information on Member

Name of Member (as shown in NRIC/Passport/FIN)		NRIC/Passport/FIN No.
Mailing Address		
Contact No. (O) (Hp) (H)	Email	

Information on Insured Person

This claim is for (please tick accordingly):

- Member Spouse (below 65 years old) – please attach Marriage Certificate as proof of relationship

Details of Occupation

	Before Disability	After Disability
Occupation		
Name of Employer		
Average monthly income		
List exact duties performed at work (If you are not working, please provide a list of daily activities before and after disability)		

NTUC INCOME reserves the right to request for documentary evidence related to **Details of Occupation**.

Details of Disability

Disability suffered due to:

Illness
Diagnosis _____ Date symptoms started _____ (dd/mm/yyyy)

Accident
Date of accident _____ (dd/mm/yyyy) Time of accident _____
Place of accident _____
Did the Insured report for work on date of accident? Yes No
Did the accident occur while the Insured was at work? Yes No

Current Employment status Employed Unemployed Date last worked (dd/mm/yyyy)

The Insured is currently confined to bed house hospital N.A. Date Insured returned/expect to return to work (dd/mm/yyyy)

Describe in detail the disability suffered

Details of Doctor(s) consulted or Hospital admission(s) for this disability

Name of Doctor	Name and Address of Clinic/Hospital	Date(s) of consultation (dd/mm/yyyy)	Date(s) of Admission (dd/mm/yyyy)

Details of your regular/company doctor or any other doctor(s) consulted for any other medical conditions

Name of Doctor	Name and Address of Clinic/Hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

Other Claims

Is the Member/Spouse claiming from any other insurance company (ies) or other sources (employer, other medical insurances, Workmen's Compensation Act) in respect of this condition/injury? If "Yes", please provide the following information. Yes No

Name of Employer, Insurance Company etc.	Policy No.	Date of Issue	Type of Plan	Claim Amount	Claim Notified (Yes/No)	Claim Paid (Yes/No)

The following documents are attached to this application [Please tick (✓) if applicable]:

Total and Permanent Disability Claim Form (to be completed by Claimant)

Attending Physician's Statement (APS) (to be completed by attending physician and submitted to us)

Medical reports/Laboratory reports/Hospital Discharge Summary

Medically boarded out letter (where applicable)

Newspaper Cutting and Police/Accident Report (if Total and Permanent Disability was due to accident)

Claimant's Declaration

1. I hereby declare that the above statements are true and complete and I have not withheld any material fact from NTUC Income.
2. I agree and authorise:
- (a) Any medical institution or medical practitioner, or insurer, or organisation or person to release to NTUC Income any information as requested by NTUC Income; and
 - (b) NTUC Income to release any relevant information concerning the member/member's spouse to any medical institution or medical practitioner, or insurer or organisation or person.
- A photocopy of this form is valid as an original copy.

Signature of Member	Date (dd/mm/yyyy)
Signature of Spouse (To be completed only if claim is for spouse)	Date (dd/mm/yyyy)

For Official Use Only

To be completed by Union/Association

Name of current <input type="checkbox"/> Union <input type="checkbox"/> Association	Date joined current Union/Association (dd/mm/yyyy)	
Name of first <input type="checkbox"/> Union <input type="checkbox"/> Association (if different from above)	Date joined first Union/Association (dd/mm/yyyy)	
Membership type <input type="checkbox"/> Ordinary Branch <input type="checkbox"/> General Branch <input type="checkbox"/> UClub <input type="checkbox"/> UAssociate	Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed if member is/was a Union/Association leader (registered with RTU/LDIS)

Position in Union/Association	Served as Union/Association leader From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____
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Note: Leaders must be in office during the policy year

For members <u>above</u> age 65, please confirm whether member is covered under NTUC GIFT Extension. <input type="checkbox"/> Yes <input type="checkbox"/> No	
We hereby declare that the statements given are true and complete, that the above member/member's spouse* was eligible for the NTUC GIFT scheme and the member was in our membership roll at the date of disability of member/member's spouse*.	
Name of authorised person	Signature of authorised person
Designation: President/General Secretary/Executive Secretary/ Treasurer [for OB members]/ Assistant Director/Deputy Director/Director, NTUC Membership Dept [for GB/UClub members]*	
Date (dd/mm/yyyy)	Union/Association stamp

* Delete where applicable

Instruction to Unions:

Please check that all required documents are attached to the claim form and mail it to the following address:

Attn: **Group & Health**
NTUC Income Insurance Co-operative Limited
NTUC Income Centre
75 Bras Basah Road
Singapore 189557

NTUC Income Insurance Co-operative Limited