



STUDENTS' ACCIDENT PROTECTION SCHEME - CLAIM FORM

1. Claim Number: <i>(May leave it blank)</i>		2. Date Reported:	
3. Name of Institution/School:			
4. Policy Number: <i>(May leave it blank)</i>		5. Expiry Date: <i>(May leave it blank)</i>	
6. Name of Insured Person:		7. NRIC No/FIN:	8. Class:
9. Address:			
10. Contact Numbers:		11. Email:	
12. Date/Time of Accident:			
13. Place of Accident:			
14. Brief Description of Accident <i>(What were you doing & what happened? Please state name of CCA if the incident happened during your CCA):</i>			
15. Nature of Injury <i>(Please indicate 'left' or 'right' and the type of injury e.g. left elbow fractured):</i>			
16. Name of Clinic/Hospital where treatment was sought:			
17. Are you claiming under any other policy in respect of this accident? YES/NO. If 'YES', please email/submit a copy of the computation &/or settlement letter from other parties. Note: You can only claim or be reimbursed once for the amount that you have incurred regardless of the medical insurance policies you have. We reserve the right to recover if there is any excess amount paid to you.			
18. Medical/Hospital/Surgical expenses incurred: Please scan the following documents to us in PDF or JPEG format. a) Claim form b) Original final tax invoice(s)/receipt(s) c) Additional supporting document(s) if required Note: Kindly keep all the ORIGINAL documents for at least 6 months from the date of submission. They must be made readily available upon request.			
19. Payee must be a parent/legal guardian of the student and above 21 years old. Name of Payee/Relationship: <i>(as shown in NRIC/FIN/Passport)</i> Name of Bank : Bank Account Number :			
20. Are you fully recovered from your injury? YES/NO. If 'NO', please advise follow-up actions and/or next appointment date. <i>(Kindly send/fax/email the claim form to us first, consolidate all the bills and submit to us after the final checkup.)</i>			

DATA PRIVACY STATEMENT AND DECLARATION

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Lonpac Insurance Bhd ("Lonpac"), its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry). For more information on our Privacy Policy, please visit our website http://www.lonpac.com.sg/web/sg/privacy_policy.

I/we have read and agreed to the above Data Privacy Statement.

(Signature of Claimant/Parent/School Representative)

Name of Claimant/Parent: _____

NRIC/Passport No/FIN: _____

Kindly send all the documents to:



AB LIM PTE LTD

Blk 123 Bukit Merah Lane 1 #04-78 Singapore 150123

Tel: 62722277 Fax: 62769909

Email: claims@ablim.com.sg

Operating Hours: 9.30 am to 12.30 pm & 2.30 pm to 5.00 pm (Monday to Friday excluding Public Holiday)

NOTE: This form is issued without admission of liability and it must be completed and returned to us immediately whether or not claim is made.