
CREDIT INSURE & CREDIT INSURE GOLD CRITICAL ILLNESS CLAIM FORM

The Certificate sets out the exclusions on the policy. In this regard, please note the following:

- (a) "Illness" in the Certificate has a defined meaning and will exclude pre-existing conditions. Please refer to the Certificate for more details.
(b) Coverage ceases when the Life Insured has attained the age of 65.

You are advised to refer to the Certificate for the complete list of exclusions and the details of each exclusion.

Critical Illness Claim

To Be Completed By The Insured Person

Please ensure that all information is fully completed so as to expedite claim settlement. Where it is not applicable to the claim, please write "NA". A photocopy of the billing statement during the date of diagnosis and the following two months must be submitted. The delivery of this form to you is in no way an admission of claim.

Insured Person's Particulars

Insured Person's Name: _____ Sex: Male / Female * Age: _____
NRIC/FIN/PP No.* : _____ Date of Birth : _____
Address : _____ Tel. No. (O) : _____
_____ Tel. No. (H) : _____

DETAILS OF ILLNESS

- (a) Describe in detail all symptoms and/or nature of Insured Person's illness.

- (c) Date when Insured Person first experienced these symptoms: _____ / _____ / _____
day month year

- (d) How long had the Insured Person been having these symptoms before he/she consulted a doctor?

- (e) Date when Insured Person first consulted a doctor for these symptoms: _____ / _____ / _____
day month year

- (f) What was the diagnosis?

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(g) Date when Insured Person was diagnosed by a doctor : _____ / _____ / _____
day month year

(h) Has the Insured Person previously suffered from or received treatment for a similar or related illness?
 Yes No

If "Yes", please provide the details.

(i) RECORD OF MEDICAL CONSULTATIONS

Please provide the names of the doctors Insured Person had consulted in relation to the illness at paragraph 3(a) and the addresses of the respective hospitals / clinics.

Name of Doctor	Name/ Address of Hospital/ Clinic	Dates of First Consultation

(j) OTHER INSURANCE(S)

Are there any claims submitted or to be submitted to any other insurance company in respect of this critical illness?
 Yes No

If "Yes", please provide the following information:

Name of Insurer	Policy No.	Policy Effective Date	Type of Plan	Sum Assured	Claim Amount	Claim Notified (Yes/No)

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DECLARATION AND AUTHORISATION

I/ We agree on my/ our behalf, Manulife (Singapore) Pte. Ltd. ("Manulife") is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me, that is received by Manulife to its Representatives and relevant third parties (including but not limited to companies within the Manulife Group, reinsurers, medical organisations, my / our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore that is necessary to evaluate and process my/our claim in any way permitted or required by law. As far as reasonably possible, Manulife will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the relevant law. A copy of this authorisation shall be as valid as the original.

I/We understand the information obtained by the use of this Authorization will be used by Manulife to determine eligibility for benefits under the policy.

I/We jointly declare that all information/answers given by me/us in this form are, to the best of my/our knowledge and belief, accurate and complete. I/We consent to Manulife seeking/providing information about the deceased from/to any medical source, insurance office, organisation or person, governmental organisation, and/or regulatory body. A copy of this authorisation shall be as valid as the original.

Signature of Life Insured**Signature of witness**

Name (as per NRIC):

Date:

Name (as per NRIC):

NRIC/PP No.:

Contact No.:

Date:

Points to note

- I. Please note that the fee for completing the Attending Physician's Statement shall be borne by the life insured/ policyowner.
- II. If you are asking another party to handle the claim process on your behalf, an authorisation letter is required.
- III. Please continue to pay the premiums until the claim is approved.
- IV. In order for us to process the claim, we will require the following:
 1. Critical Illness Claim Form
 2. Attending Physician's Statement
 3. All available **Laboratory and Test Results** (as specified on the Attending Physician's Statement)
 4. Photocopy of Insured's last Citibank Credit Card Billing Statement before diagnosis of the condition and photocopies of the Billing Statement for the following 2 months
 5. Upon receipt of **ALL** the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

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PERSONAL DATA PROTECTION NOTICE

We will collect, use or disclose the personal data in this form to:

- confirm your identity and uniquely identify you;
- confirm the accuracy of the information collected;
- communicate with you, especially with respect to the claims submitted to us;
- assess, process, investigate or settle claims;
- detect and prevent fraud, unlawful or improper activities;
- comply with all legal and regulatory requirements within and outside Singapore including disclosures to judicial, regulatory, government, statutory authorities and industry entities;
- resolve complaints, and handle requests for data access or correction; and compliance monitoring and audit reviews.

A detailed list of purposes for which your personal data may be used or disclosed can be found in our statement of Personal Data Protection which is available at www.manulife.com.sg.

We will only collect and use personal data in a lawful way. We do not, without your consent, give your personal data to any person and/or entity for the purpose of that person and/or entity marketing its own products or services directly to you. We will use and disclose your personal data only with your consent or where such is permitted or required under any relevant law. Where personal data is provided to our service providers, we will require them to protect the personal data in a manner that is consistent with our personal data protection policies and practices. If you have any questions or concerns about our personal data protection policies and practices or wish to request access to, update or correct your personal data, please contact:

The Data Protection Officer
Manulife (Singapore) Pte. Ltd.
8 Cross Street #15-01
#15-01 Manulife Tower
Singapore 048424
Email: sgp_data_protection_office@manulife.com

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To Be Completed By Citibank

Please ensure that all information are fully completed to expedite claim settlement. Where it is not applicable to the claim, please write "NA". A photocopy of the billing statements for all eligible credit facilities before the event date and the following two months must be submitted. The delivery of this form to you is in no way an admission of claim.

Event Date : _____

Insured Person's Particulars

Insured Person's Name: _____ Sex: Male / Female * Age: _____

NRIC/FIN/PP No.* : _____ Date of Birth : _____

Address of Insured Person : _____ Tel. No. (O) : _____

_____ Tel. No. (H) : _____

Eligible Credit Facilities

Credit Card No : _____ Coverage Commencement Date : _____

Credit Card No : _____ Coverage Commencement Date : _____

Credit Card No : _____ Coverage Commencement Date : _____

Ready Credit A/C No: _____ Coverage Commencement Date : _____

Others - _____ Coverage Commencement Date : _____

Policy In Force At Event Date : **Yes / No**

Completed & Verified By:

Name of Citibank Officer : _____ Signature: _____

Designation : _____ Date : _____

* **Delete where not applicable**

Points to note

Please note that the claimant will have to complete a claim form and submit to Manulife together with the required supporting documents for our claims assessment.

Please be advised that further documents maybe required for the processing of the claim.