



Policy number

GlobalCare Health Plan

Outpatient and Dental Claim Form

Important notes:

1. This form is to be completed by the Policyholder. Please ensure that your signature tallies with the signature that is provided to our Company.
2. To enable us to process your claim promptly, please ensure that the form is fully completed.
3. We reserve our rights to request additional information or documents if needed.
4. If you have any questions regarding this form or any claims matters, please contact our AXA Health Customer Care Centre at 65-6308 9525 quoting your policy/membership numbers.
5. Claims must be submitted along with all supporting documents within 180 days from the date of treatment.
6. Send this claim form together with all supporting documents to AXA Health Customer Care Centre at 8 Shenton Way #24-01 Singapore 068811 for Outpatient and Dental claims above SGD 1000 incurred outside of Singapore. For claims incurred in Singapore and claims up to SGD 1000 incurred outside of Singapore, please send them by email to ops.tpa.sg@asia-assistance.com

1. Details of Life Assured

Full name of Life Assured

Date of Birth

2. Claim Details

(a) Describe the symptoms

(b) When did symptoms first start?

(c) Date of 1st consultation

(d) Name and address of Doctor

(e) Diagnosis

(f) Medical treatment received

(g) Any previous consultation or hospitalization for the same medical condition and any other conditions? Yes No

If "Yes, please complete below.

Date of treatment	Medical Condition	Name and Address of Doctor
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		
DD/MM/YYYY		

(h) If the claim is related to pregnancy, is pregnancy conceived from natural conception? Yes No

3. If the cause of the claim is due to the accidental cause, complete this section

Date & Time of accident

DD/MM/YYYY

Place of accident

Describe how the accident occurred

4. Other Insurance Claims

- (a) Do you have other medical plans with other insurance companies? Yes No
If "Yes", please state the Policy No., Commencement date and the name of the Insurer.

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- (b) Is the treatment covered under Workman's Compensation policy? Yes No
If "Yes", please state the Policy No., Commencement date and the name of the Insurer.

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- (c) Has a claim been submitted with the above Insurers? Yes No

5. Settlement method (Direct Credit is Mandatory for all Claim Payments up to SGD\$10,000.00)

- By Direct Credit up to SGD\$10,000.00 (without Bank Book/ Bank Statement)

Name of Bank _____

Name of Bank Account Holder (as per Bank Book/ Bank Statement):-

Bank	Branch	Account number to be debited

Please take note of the following:-

- (1) Direct Credit payment takes just 1 working day after claims approval for UOB customers and 3 working days for all other banks
- (2) We will Direct Credit into Policyholder/ Trustee/ Assignee's Bank account only
- (3) We do not Direct Credit into 3rd party's Bank Account or Joint Account
- (4) In the event, if Direct Credit is unsuccessful, we will issue cheque and post to you directly
- (5) If a cheque payment is necessary, it will take up to 7 working days after claims approval to be posted out

- By Direct Credit > SGD\$10,000.00 (please submit a copy of Bank Book/ Bank Statement)

6. Documents to be submitted

Please tick in the box below and submit the mandatory documents. If the mandatory documents are not submitted or partially submitted, your claim will only be processed upon receipt of the full documents. We reserve the right to determine if any of the documents below can be waived. We will notify you or your Financial Consultant if we need to obtain further information from you or other parties to assess your claim.

- Outpatient and Dental Claim Form
- Final itemized medical bills and proof of payment
- Copy of doctor's prescription for medicines purchased at an external pharmacy
- Copy of diagnostic test result (Laboratory result, X-Ray, etc.)
- Copy of final itemized medical bills and Copy of Settlement letter from Insurer/ Employer (if claiming balances from AXA)

Notes:

- (1) For Outpatient and Dental claim incurred in Singapore and claims up to SGD 1000 incurred outside of Singapore, please send all documents by email to ops.tpa.sg@asia-assistance.com
- (2) For Outpatient and Dental claim above SGD 1000 incurred outside of Singapore, please send this claim form with original final itemized medical bills, proof of payment and all supporting documents mentioned above to AXA Health Customer Care Centre at 8 Shenton Way #24-01, Singapore 068811

