



**Tokio Marine Insurance Singapore Ltd.**

Company Reg. No. : 192300014M  
 80 Anson Road  
 #09-00 Fuji Xerox Towers  
 Singapore 079907  
 Tel : (65) 6221 6111 Fax : (65) 6221 4355 / (65) 6224 0895  
 Email: tmis@tokiomarine.com.sg  
 Website : www.tokiomarine.com.sg

**TM CARE HOSPITAL & SURGICAL CLAIM FORM**

The issue of this form is not an admission of liability on the part of the Company  
 All original medical bills & receipts must be submitted with this form to expedite claims handling

**PART 1**

**A. DETAILS OF POLICY HOLDER/EMPLOYEE/PATIENT**

Name Of Policyholder	Policy No. Plan. Date Of Enrolment/Cover
Name of Employee :	Date Of Employment :
Name Of Patient:  Relationship of patient to employee : Self / Spouse / Child Occupation of patient:	Sex: Male / Female Marital Status:  NRIC/Passport/BC No.: Date Of Birth:
If patient is not employee, please furnish patient's employer's name:	

**B. SICKNESS (THIS SECTION MUST BE ANSWERED IN FULL)**

Nature Of Sickness	Date First Began : Date First Treated : Date Of Previous Treatment :
Is the sickness due to pregnancy, abortion, sterilisation or infertility? If yes, please specify condition & approximate date of commencement? Date of last pregnancy, if applicable :	Yes / No / Not Applicable
Has The Sickness Been Treated Previously? Yes / No If Yes, Name & Address Of Physician	Did sickness arise from employment? Yes / No

**C. INJURY**

Date & Time of accident	Is this a job-related accident? Yes / No
Describe the injury, how & when it happened?	

**D. OTHER INFORMATION**

Name & address of hospital/clinic	
Date admitted : Date discharged : Date surgery performed :	Are you eligible to claim for this insurance against any other insurance policies? Yes / No If Yes, state: 1) insurance company 2) policy no.
Claim cheques shall be made payable to : Employer S\$ Employee/patient S\$ Medisave S\$	Medisave account no.

**MEDICAL INFORMATION AUTHORITY**

I hereby authorise any hospital surgeon, medical practitioner or clinic or other person who has attended to me or examined me for any reason, to disclose to Tokio Marine Insurance Singapore Ltd. any and all information with respect to any illness or injury and, to provide Tokio Marine Insurance Singapore Ltd. copies of all hospital or medical records, including prior medical history. A photostat copy of this authorisation shall be considered as effective and valid as the original.

\_\_\_\_\_  
Employer's signature/Company's stamp/Date

\_\_\_\_\_  
Patient's/Employee's signature/Date

Please mail duly completed claim form to: **Tokio Marine Insurance Singapore Ltd. 80 Anson road #09-00, Fuji Xerox Towers, S'pore 079907 or fax to Fire & GA claims dept, Fax : 65 6225 9887**

