# NTU/NIE GHSI CLAIM FORM

**For NTU students, please bring claim documents to:**
NTU One Stop @ SAC
50 Nanyang Avenue
NS3-01-03, Academic Complex North
Singapore 639798
Tel: 6790 6823
Email: ossac@ntu.edu.sg
Web: www.ntu-ghs.com.sg

**For NIE students, please bring claim documents to:**
NIE Student Services Centre (SSC)
1 Nanyang Walk
Blok 3B Student Hub Level 1
Singapore 637616
Tel: 0219 6082/9279, Fax: 6763 3627
Email: studentsservices@nie.edu.sg
Web: www.ntu-ghs.com.sg

Please complete this form fully, incomplete forms may delay claim settlement. Claims should be submitted within 30 days of treatment.

## CLAIMS PROCEDURE
1. Please complete this Claim Form.
2. Prepare/obtain the documents required in the Checklist below.
3. Keep a photocopy for your records.
4. Submit the documents to:
   - NTU students – NTU One Stop @ SAC
   - NIE students – NIE Student Services Centre (SSC)
5. Notification of the claim result or follow-up requirements will be sent to the claimant by email.

## CONTACT INFORMATION
- **Website:** www.ntu-ghs.com.sg
- **NTU One Stop @ SAC**
  - 50 Nanyang Avenue, NS3-01-03, Academic Complex North
  - Singapore 639798
  - Tel: 6790 6823
  - Email: ossac@ntu.edu.sg
- **NIE Student Services Centre (SSC)**
  - 1 Nanyang Walk, Blok 3B Student Hub Level 1, Singapore 637616
  - Tel: 0219 6082/9279, Fax: 6763 3627
  - Email: studentsservices@nie.edu.sg
- **AXA Insurance Pte Ltd**
  - 8 Shenton Way, #24-01 AXA Tower, S068811
  - Tel: 1800 6880 4888 Fax: 6338 2522
  - Email: ntu@axa.com.sg

## TYPE OF STUDENT

<table>
<thead>
<tr>
<th>POLICY NO.</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q0020341</td>
<td>Full-Time International Undergraduate Student</td>
</tr>
<tr>
<td>Q0020341</td>
<td>Full-Time Local &amp; International Undergraduate Student at LKC</td>
</tr>
<tr>
<td>Q0020342</td>
<td>Full-Time Local &amp; International Graduate Student</td>
</tr>
<tr>
<td>Q0020343</td>
<td>Full-Time International Exchange/Non-graduating Student/Bridging Student</td>
</tr>
<tr>
<td>Q0020344</td>
<td>Full-Time International Student of NIE</td>
</tr>
</tbody>
</table>

## TYPE OF CLAIM DOCUMENTS REQUIRED (CHECK LIST)

- **Hospitalisation and/or Surgical**
  - Completed Claim Form
  - Original Final Hospital Bill (the hospital will usually send the final bill to the patient about 2 to 3 weeks after discharge)
  - Original Pre and Post Hospitalisation/Surgery Bills
  - Discharge Summary/Day Surgery Authorisation Form
  - Signed Letter of Indemnity (if LOG was used)

- **Outpatient Specialist, A&E or Mental Health**
  - Completed Claim Form
  - Original Medical Bills
  - Copy of Referral Letter from A&E or NTU Medical Centre (for Outpatient Specialist/Mental Health claims)

## SECTION A  
**DETAILS OF INSURED PERSON (STUDENT)**

<table>
<thead>
<tr>
<th>Name of Student (please write in capitals, as per bank account)</th>
<th>NRIC/FIN No.</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (in Singapore)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matriculation No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matriculation Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile/Telephone No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

## SECTION B  
**DETAILS OF STUDENT’S BANK ACCOUNT – Reimbursement for approved claims will be credited into the student’s bank account.**

*Please DO NOT state the bank details of another person*

For Telegraphic transfer, all administrative costs from the bank will be chargeable to the student.

<table>
<thead>
<tr>
<th>GIRO</th>
<th>Telegraphic transfer</th>
<th>Name of Account Holder</th>
<th>Name of Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Address including Branch: For Telegraphic transfer</td>
<td>Swift Code/IBAN For Telegraphic transfer</td>
<td>Account No.</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION C  
**DETAILS OF ILLNESS**

<table>
<thead>
<tr>
<th>Description of Illness/Symptoms/Final Diagnosis</th>
<th>Date Symptoms First Noticed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Treatment/Name of Surgery</td>
<td>Date First Treated</td>
</tr>
<tr>
<td>Description of Accident (how it happened)</td>
<td>Hospitalisation Period</td>
</tr>
</tbody>
</table>

## SECTION D  
**DETAILS OF ACCIDENT**

<table>
<thead>
<tr>
<th>Description of Accident</th>
<th>Place of Accident</th>
<th>Date of Accident</th>
<th>Time of Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Injury</td>
<td>Description of Treatment/Name of Surgery</td>
<td>Hospitalisation Period</td>
<td>Is this a job-related injury</td>
</tr>
</tbody>
</table>

## SECTION E  
**OTHER INFORMATION**

- Has the illness been treated before? Has the same part been injured before?
  - No | Yes, please state date first occurred

- Are you making a claim for this treatment from any other insurance company?
  - No | Yes, please state name of insurer

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Web: www.ntu-ghs.com.sg
SECTION F  DECLARATION & AUTHORISATION

I hereby authorize any hospital, physician, person or organization who has attended to or examined me, or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance Pte Ltd and all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

In connection with my claims, I give consent for AXA and their respective representatives or agents to collect, use, store and/or disclose the information (including that provided by sources other than myself) concerning me, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the NTU One Stop @ SAC and/or SSC and/or NTU for the purpose of enabling AXA and their respective representatives or agents to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing my claims and/or the NTU Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA’s Data Use Statement which can be found at http://www.axa.com.sg (“Purposes”).

I hereby declare that the above information, statements answers are true and complete to the best of my knowledge and belief. I agree that if I have made, or if I shall make, any false or untrue statement, suppression or concealment, the Policy shall be void and all rights to compensation shall be absolutely forfeited.

<table>
<thead>
<tr>
<th>Signature of Insured Student</th>
<th>Date</th>
</tr>
</thead>
</table>

FOR OFFICIAL USE ONLY

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
GST Registration No.: 199903512M  Co. Registration No.: 199903512M

AXA/NTU-April 2017