

UOB CREDITSURE PLUS CLAIM FORM

	Policy Number: CL100006	Policyholder: United Overseas Bank Limited
	DETAILS OF LIFE INS	URED / CLAIMANT
То	be completed by Life Insured/Claimant [please submit a copy of medical re	port and medical certificate with this form].
1	Name of Life Insured:	
2	NRIC No. / Passport No. :	
3	UOB Credit Card / Account No.:	
4	Date of Birth: (dd/mm/yy):	
5	Contact No:	
6	Gender: Female	Male
7	Residential Address:	
8	Type of claim - Total & Temporary Disability (TTD) - Pleas Total & Permanent Disability (TPD) - Pleas Death Claim (GTL) - Please complete SEC	se complete SECTION 1
	SECTION 1 – TOTAL & TEMPORARY DISABILITY (TTD)	/ TOTAL & PERMANENT DISABILITY (TPD) CLAIM
1	Commencement Date of TTD/TPD:	[dd/mm/yy]
2	Details of disability a. Date when the symptoms were first noticed by you:	[dd/mm/yy]
	b. (i) If TTD is as a result of an accident, state the extent of injury an	d how the accident occurred:
	b. (ii) When did you sustain the disability?	[dd/mm/yy]
3	a. Has this disability been treated previously?	No
	b. If answer is "Yes", please provide name of attending doctor, ad	dress of clinic/hospital and the date of previous consultation(s):
4	Have you claimed TTD and/or TPD under this policy?	
	If answer is "Yes", please provide the following details:	Yes No
	(i) Amount claimed:(ii) When was amount received:(iii) Which facility, Credit Card or Unsecured Credit?	
	DECLARATION, AUTHORISATION AND CONSENT (TO	O BE SIGNED BY THE LIFE INSURED/CLAIMANT)
than hos Lim par sec offici and rep	I hereby declare that the statements and answers given in this form and I have not made any false or fraudulent statement, suppressed or conspital, medical practitioner, clinic, any medical source and any insurantied ("Prudential") or its appointed third party service providers, all inticulars, my/our medical records, and any information required; and (ii) etion (i), above to any of the following persons whether in Singapore or ces, subsidiaries, related corporations or affiliates;(2) any of Prudential its appointed intermediary,for the purposes of claims assessment are resentatives and monitoring undesirable sales practices. (c) I understate original.	e true and complete to the best of my knowledge and belief, and furth icealed any facts. (b) I hereby expressly authorise and consent to: (i) a ce office to disclose to Prudential Assurance Company Singapore (Proformation relating to me or the dependent, including my/our person Prudential collecting, using and disclosing the information set out in surelsewhere: (1) Prudential's holding companies, branches, representating contractors or third party service providers; and (3) the Policyholdint, policy servicing, statistical analysis, investigation of Prudential
	Signature of Life Insured/Claimant	 Date

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SECTION 2 – DEATH CLAIM FORM (TO BE COMPLETED BY THE CLAIMANT)

To be completed by the Claimant.					
1	Place of Death:		[please submit certificate ture copy of death certificate/medical report]		
2	Cause of Death:		(p. 200 200 100 100 200 p) 0. 200 100 100 100 100 100 100 100 100 100		
		e submit a	a copy of police report if it is an accidental death or any relevant documents if any]		
3	Relationship to the Deceased:		[please submit a copy of proof of relationship]		
4	Name and address of doctors sought for the last illness/injury:				
	DECLARATION, AUTHORISATION AND C	ONSEI	NT (TO BE SIGNED BY THE CLAIMANT)		
that I have not made any false or fraudulent statement, suppressed or concealed any facts. (b) I hereby expressly authorise and consent to: (i) any hospital, medical practitioner, clinic, any medical source and any insurance office to disclose to Prudential Assurance Company Singapore (Pte) Limited ("Prudential") or its appointed third party service providers, all information relating to me or the dependent, including my/our personal particulars, my/our medical records, and any information required; and (ii) Prudential collecting, using and disclosing the information set out in sub-section (i), above to any of the following persons whether in Singapore or elsewhere: (1) Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;(2) any of Prudential's contractors or third party service providers; and (3) the Policyholder and its appointed intermediary,for the purposes of claims assessment, policy servicing, statistical analysis, investigation of Prudential's representatives and monitoring undesirable sales practices. (c) I understand and agree that a photocopy of this authorisation shall be as valid as the original. Name of Claimant (in Block Letters) Claimant's Signature / Date					
NRIC	No. of Claimant	ı	Occupation of Claimant		
Addr	ess of Claimant (in Block Letters)		Telephone Numbers of Claimant		
	erpretation is required for the completion of this form, please state: e and NRIC No. of Interpreter		Signature of Interpreter / Date		

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