



**AIA SINGAPORE
FURTHER CLAIM FORM
(ACCIDENT & HOSPITALISATION)**

Important Notes:

- 1) This form is only applicable for further claim submission of original bills for a **previous ACCIDENT OR HOSPITALISATION claim**.
- 2) Please submit **Original** Final Bills and Receipts (photocopy or interim bills are not acceptable).
- 3) You may visit our website (<http://www.aia.com.sg/en/index.html>) for the claim submission procedures.

A. CLAIM DETAILS
Policy Number(s):
Name of Insured/Covered Member:
Date of Hospital Admission / Date of Accident* (dd/mm/yy) : _____ / _____ / _____
B. DETAILS OF PERSON SUBMITTING THIS FORM
Name of Insured / Policyholder / FSC / Insurance Representative*:
Date:
Mobile No.:
<small>*delete accordingly</small>

To be completed by Agency Leader for Agency Leader's Recommendation (ALR) Scheme:

AGENCY LEADER'S SIGNATURE – Agency Leader's Recommendation (ALR) Scheme for Accident Claims	
Agency Leader's Name : _____	Agency Stamp
Agency Leader's Signature : _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Date : _____	
<small>Note: Agency Leader's recommendation is not an admission of AIA Singapore's liability nor waiver of our rights to request for further information. AIA Singapore Private Limited ("AIA Singapore") (Reg. No. 201106386R) reserves the right to request or obtain further information if deemed necessary.</small>	

