

CRITICAL ILLNESS / TERMINAL ILLNESS / FEMALE CONDITION / PRE-EARLY CONDITION CLAIM PROCEDURE

Documents required

1. Critical Illness / Terminal Illness / Female Condition / Pre-Early Condition Claim Form signed by the Policyowner / Trustee(s) and Insured (above age 18 years).
2. Duly completed Medical Specialist Report by your Medical Specialist. You must make own arrangement with the Medical Specialist to complete the form. You will need to pay for the report fee to your treating medical institution directly. You may download and print the Medical Specialist Report from Submit A Claim via www.aia.com.sg > Help & Support > Submit A Claim > Critical / Terminal / Female Illness / Pre-Early > List of Medical Condition – Form and Requirement.
3. Copy of laboratory reports supporting the claim application. Please refer to the Medical Specialist Report for the relevant list.
4. Copy of the NRIC / Identity Document must be provided if the selected payment method is PayNow by NRIC.
5. Copy of the bank passbook / bank statement stating name of bank, name of account holder & bank account number must be provided if the selected payment method is direct credit to a Singapore bank account or Telegraphic Fund Transfer to an overseas bank account.

Important notes

1. All questions in the Critical Illness / Terminal Illness / Female Condition / Pre-Early Condition Claim Form must be answered. The Company reserves the right to obtain further information.
2. Any document that is not in English must be accompanied by an English translated copy of the document. The translation must be done by a certified translator.

Submission of documents

You may submit your claim application along with all required documents to AIA Singapore through any of the following channels:

- By postal mail to:
AIA Singapore Claims Department
3 Tampines Grande #09-01
Singapore 528799
Attention: Claims Department (Individual Life & Health)
- Contact your AIA Consultant / Insurance Representative to assist you.
- Submit your claim application in person at [AIA Singapore Customer Service Centre](#)

Finlayson Green at **1 Finlayson Green, Singapore 049246**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays

AIA Tampines at **3 Tampines Grande Singapore 528799**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays
- Submit your claim application via email to sg.aiaclaims@aia.com. All attachment in the email must be in PDF format. The maximum file size limit is 10MB per file.

Timelines & updates after submission

You can expect an acknowledgement within 7 days once we have received your claim. To check on your claim status, you may:

- Log in to AIA+ and click on eDocuments under Quicklinks to view your claims letter
- Contact your AIA Consultant / Insurance Representative
- Call AIA Customer Service at 1800 248 8000 (or +65 6248 8000 from overseas) available Monday to Friday, 8.45am to 5.30pm, excluding Public Holidays



**AIA SINGAPORE
CRITICAL ILLNESS / TERMINAL ILLNESS /
FEMALE CONDITION / PRE-EARLY CONDITION CLAIM FORM**

(To be completed by Policyowner / Trustee(s) and Insured (above age 18 years))

A) POLICY DETAILS			
Policy Number(s):			
B) PARTICULARS OF INSURED			
Name of Insured:		NRIC / FIN No. / Passport No.:	Contact No.:
Residential Address:		Employer Name and Address:	
<p>Note: Please note that all correspondence pertaining to this claim will be sent to the policyholder's mailing address on our record. You may log in to AIA+ to verify the address or update it if required.</p>			
C) NATURE OF CLAIM AND RELATED DETAILS			
<p>a. Which critical illness / female condition / pre-early condition are you claiming for?</p> <p>_____</p>			
<p>b. Describe the symptoms, including duration and date of onset</p> <p>_____</p> <p>_____</p>			
D) RECORD OF MEDICAL CONSULTATION			
<p>a. Please provide the details of all doctors or specialists whom you have consulted in connection with this illness / injury.</p>			
Name of Doctor	Name and Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reason(s) for Consultation
<p>b. Please provide the details of your regular doctor and company doctor whom you have consulted for high blood pressure, high cholesterol, diabetes, and any other chronic illnesses.</p>			
Name of Doctor	Name and Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reason(s) for Consultation

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AIA Singapore Private Limited (Reg. No. 201106386R)
AIA Singapore Claims Department, 3 Tampines Grande
#09-01, Singapore 528799

E) OTHER INSURANCE

a. Are you insured for similar benefits with any other Company? If 'Yes', please give full details.

Name of Insurer	Type of Plan	Date of Issue (DD/MM/YY)	Sum Assured	Have the claim been submitted?

F) CLAIM PAYMENT INSTRUCTION

Please select only one (1) choice of payment method listed below. (Note: All claim payments in Singapore currency will be made via PayNow NRIC/FIN or Direct Credit only.)

PayNow by NRIC

Payee's Account Name	Payee's Singapore NRIC / FIN Number	Payee's Contact No.

- **Submit a copy of the NRIC / Identity Document.**
- This payment option is only applicable for total claim value less than SGD200,000.00.
- For policy issued in foreign currency, if you choose this payment method, AIA Singapore will solely determine the currency conversion rate.
- You (policyholder) must have a registered Singapore NRIC/FIN Number PayNow account with a bank in Singapore. Please ensure that your PayNow account is linked to your NRIC/FIN number with your designated bank.
- This payment option is not available for policy with joint trustees or payment to 3rd party.

Direct credit to a Singapore Dollars (SGD) bank account in Singapore.

Name of Bank	Bank Branch	Bank Account No.	Account Holder's Name

- **Submit a copy of the bank passbook / bank statement stating the name of bank, name of account holder & bank account number.**
- For policy issued in foreign currency, if you choose this payment method, AIA Singapore will solely determine the currency conversion rate.
- For policy held under joint trustees, please provide the joint-account details of the joint trustees for direct credit option.

Telegraphic Fund Transfer (For Payee who is residing overseas or policy issued in foreign currency)

- This option is only applicable for overseas remittance or policy issued in foreign currency, and subject to approval by AIA Singapore.
- To apply for this payment option, download and print "Telegraphic Transfer Request Form for Claim Payment" via AIA website. (https://www.aia.com.sg/content/dam/sg/en/docs/help-support/making-a-claim/Telegraphic_Transfer_Request_for_Claim_Payment_Form.pdf)
- **Submit the completed and signed "Telegraphic Transfer Request Form for Claim Payment", a copy of the bank passbook / bank statement stating the name of bank, name of account holder & bank account number.**
- AIA Singapore will solely determine the currency conversion rate used for the remittance.



Name of Insured:	NRIC / FIN No. / Passport No.:
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Policy Number:

G) AUTHORISATION & DECLARATION

1. I/We, acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights or defenses.

2. I/We:
 (a) hereby declare that I/we are duly authorized to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection with the claim and the Policy ("Information");
 (b) declare that all Information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially;
 (c) acknowledge and accept that AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and
 (d) acknowledge and accept that AIA Singapore expressly reserves its rights to require or obtain further information as it deems necessary.

3. I/We hereby authorise, agree and consent to:
 (a) persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "**Third Parties**") disclosing and releasing to AIA Singapore, its associated persons/organizations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "**Personal Data**"), relevant for the Purpose (defined below);
 (b) the AIA Persons sharing the scope of sub-clause
 (c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
 (d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "**Using**"/"**Use**") the Personal Data for the Purpose; and
 (e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "**Purpose**" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.

4 This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. A photocopy of this authorisation shall be effective and valid as the original.

Signature of Policyowner / Trustee(s)* <input type="text"/>	Signature of Insured (above age 18 years) <input type="text"/>
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Name of Policyowner / Trustee(s)*: _____ _____	Name of Insured: _____ _____
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Relationship to Insured: _____

Date: _____	Date: _____
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* Please delete accordingly.
 Note: 1. For Trust policy with multiple trustees, signatures of all trustees are required.
 2. No fees, commissions or charges of whatever nature are payable to insurance advisers or employees of the company in respect of this claim.

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