



NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

(ESTABLISHED IN 1970 UNDER THE CO-OPERATIVE SOCIETIES ACT SINGAPORE)

MAIN OFFICE: 75 BRAS BASAH ROAD • NTUC INCOME CENTRE • SINGAPORE 189557
TEL: 336 3322 • FAX: 338 1500 • TELEX: RS 26281

HOSPITALISATION BENEFIT CLAIM FORM

(No Liability Is Admitted By The Issue Of This Form)

FOR GROUP INSURANCE USE

Group Policy No: _____	Cert No: _____	
Member: _____	NRIC No: _____	Age: _____
Dependant: _____	NRIC No/BC No: _____	Age: _____
Address: _____		
Hospital admitted to: _____		
Admitted on: _____	Discharged on: _____	
Nature of injury or illness: _____		
Was the confinement in hospital due to an accident: Yes/No		
I hereby declare that the above statement are true and complete.		
_____ Signature of Claimant		_____ Signature of Witness
Date: _____	Name: _____	NRIC No: _____

CERTIFICATION OF UNION MEMBERSHIP

Name: _____	NRIC No: _____
Date Joined: _____	Membership No: _____
Office of Employment: _____	
I, _____ hereby certify that the abovenamed is a Member/Member's spouse of _____	
_____ President/General Secretary	_____ Union's Stamp

FOR OFFICE USE ONLY

Claim No: _____	Please settle \$ _____
Premium Next Due: _____	
HB Rate: \$ _____ per day	
No of Days: _____	
Amount Payable: \$ _____	_____ Authorised Officer
	_____ Date