Manulife

SPECIAL BENEFIT CLAIM

Dear Claimant

We are sorry to learn of the Life Insured's condition.

In order for us to process your claim, we require the following:

1. Completed Special Benefit Claim Form (to be completed by claimant)
2. Attending Physician's Statement (to be completed by your attending doctor)
3. Copy of the Policy Owner and/or Life Insured's (if different from Owner) NRIC/Passport
4. If you have undergone surgery/procedure, please provide us the copy of surgery/operation report and discharge summary.
5. All available Laboratory and Test Results (as specified in the Attending Physician's Statement)

Upon receipt of all the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

Notes:

I. The fee for obtaining the Attending Physician's Statement shall be borne by the Life Insured/Owner.

II. If you are asking another party to assist in the claim processing, an authorization letter is required.

III. Please continue to pay the premium until the claim is approved.

IV. If the policy has a nomination under Section 73 of the Conveyancing and Law of Property Act, the proceeds will be payable to the trustee for the benefit of the beneficiary(ies) and the below documents will be required for verification:

   1. Copy of NRIC of trustee and beneficiary(ies)
   2. Proof of relationship of beneficiary(ies) and Policy Owner

V. If the policy has a nomination under Section 49L/132 of the Insurance Act, the proceeds will be payable to the trustee of the policy for the benefit of the beneficiary(ies). If the sole trustee is the Owner, we are unable to make payment to the Owner. In this instance, the Owner can either appoint another trustee by using a prescribed form to receive the proceeds for the benefit of the beneficiary(ies) or give us instructions to make payment to each beneficiary for his/her share.

VI. All documents in foreign languages must be officially translated to English by a certified translator/interpreter.

Need Help? Please contact your **Financial Representative** if you require assistance.
Alternatively, you may reach out to us through our Manulife Singapore website under Self Services and Claims > Contact Us.

Completed? You may submit the completed and signed form with all relevant documents to us through any of the following modes:
Email – SGLife_Claims@manulife.com
Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424

INTERNAL USE - FOR STAFF

Claim No. .....

Doc ID .....

SBC-1221-1

Manulife

SPECIAL BENEFIT CLAIM

Please note that:

1. The mere issue of this form or any other form(s) does not represent any admission of liability by Manulife (Singapore) Pte. Ltd.
2. This form is to be completed by the Claimant.
3. For Corporate Owner, please complete the Corporate Owner Certification Form.

Part 1
POLICY INFORMATION

A. About the Policy Owner

Policy number(s)	
Full name	
NRIC/Passport number	
Mobile	
Email	
Postal code	
Mailing address	

Notes:

- If your mailing address provided here is different from our records, we will only update it to your Manulife policies that are being considered for this claim. However, if you wish to apply this mailing address to **all** your Manulife policies, please tick the box below:

  ☐ I wish to apply this mailing address to all my Manulife policies.

- Your mobile and email provided here will be updated as the latest (superseding any existing records), and will apply to **all** your Manulife policies.

B. Life Insured's Details

Full name (if different from Policy Owner)			
NRIC/Passport no. (if different from Policy Owner)			
Current employment status	☐ Unemployed	☐ Employed	☐ Self-employed
Current occupation/Job title			
Current employer's name			
Current employer's address			
Policy Owner's relationship with the Life Insured	☐ Self	☐ Spouse	☐ Parent

Part 2
CLAIM DETAILS

A. Type of Special Benefit

Please indicate the type of benefit you would like to claim by ticking the appropriate box.

1. **Readymummy**

Life insured

a. ☐ **Pregnancy Complications Benefit**
Please refer to contract provision and specify the insured event you are claiming under:

b. ☐ **Life Insured Hospital Care Benefit**
Please refer to contract provision and specify the insured event you are claiming under:

c. ☐ **Psychotherapy Treatment**

Insured Child

a. ☐ **Congenital Illness Benefit**
Please refer to contract provision and specify the insured event you are claiming under:

b. ☐ **Child Hospital Care Benefit**
Please refer to contract provision and specify the insured event you are claiming under:

c. ☐ **Outpatient Phototherapy Treatment Benefit**

2. **Mum@myfuture Plan**

a. ☐ Termination of pregnancy
b. ☐ Stillbirth
c. ☐ Congenital Anomaly

3. **Him@myfuture Plan**

a. ☐ Prostate Cancer
b. ☐ Open Surgery for Kidney Stones
c. ☐ Liver Cancer
d. ☐ Lung Cancer

4. **Her@myfuture Plan**

a. ☐ Carcinoma-in-situ Benefit
- ◯ Re-constructive Surgery Benefit
- ◯ Major plastic surgery due to accidents
- ◯ Skin transplantation due to accidental burning

b. ☐ Menopause Complication Benefit
- ◯ Dilatation and Curettage
- ◯ Hysterectomy

5. **Kid@myfuture Plan**

a. ☐ Kawasaki Disease
b. ☐ Rheumatic Fever with Valvular Impairment
c. ☐ Insulin Dependent Diabetes Mellitus (IDDM)
d. ☐ Osteogenesis Imperfecta
e. ☐ Haemophilia A and Haemophilia B
f. ☐ Leukaemia
g. ☐ Bone Marrow Transplant

6. **Premier Lady Plan**

a. ☐ Carcinoma-in-situ Benefit
b. ☐ Congenital Anomaly Benefit
- ◯ Down's Syndrome
- ◯ Spina Bifida
- ◯ Tetralogy of Fallot
- ◯ Neonatal Death
- ◯ Oesophageal Atresia and Oesophago Tracheal Fistula
- ◯ Hydrocephalus

c. ☐ Re-constructive Surgery Benefit
- ◯ Major plastic surgery due to accidents
- ◯ Skin transplant due to accidental burning

d. ☐ Pregnancy Complications
- ◯ Disseminated Intravascular Coagulation
- ◯ Ectopic Pregnancy
- ◯ Hydatidiform Mole
- ◯ Postpartum Psychosis
- ◯ Stillbirth

B. Details of illness

1. Describe in detail all symptoms and/or nature of Life Insured's illness.

2. How long had the Life Insured been having these symptoms before he/she consulted a doctor?

3. Date when Life Insured first consulted a doctor for these symptoms (DD/MM/YYYY)

4. If the consultation was for illness, describe fully the nature and extent of the Life Insured's illness.

5. Has the Life Insured previously suffered from or received treatment for a similar or related illness?

☐ No ☐ Yes - **Please provide the details below**

6. Based on the above selected benefit, please provide the cause of the claimed condition.

7. Have you undergone any surgery? ☐ No ☐ Yes - **If yes, please provide:**

   a. Description and name of surgery

   b. Date of surgery (DD/MM/YYYY)

   c. Reason for undergoing surgery.

C. Details of Medical Consultations/ Hospitalisation

1. Please provide the name(s) and address(es) of the doctor(s)/specialist(s) you have consulted for this illness.

Name of Doctor	Address of Doctor	Date of Consultation

2. Please provide the Hospitalisation details in connection with this illness (if any).

Name of Doctor	Address of Doctor	Date of Consultation

D. General

1. Have any of the Life Insured's family members suffered from a similar or related illness?

☐ No ☐ Yes - **Please provide the details below**

Relationship of Relative	Nature of Illness	Date of Diagnosis

E. Other Insurance

1. Are there any claims submitted or to be submitted to any other insurance company in respect of this Special Benefit claim?

☐ No ☐ Yes - **Please provide the details below**

Name of Insurer	Policy number	Policy effective date	Sum assured	Claim notified
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Part 3
PAYOUT OPTION

Paynow is the default settlement option.

- PayNow account registered with mobile numbers will not be eligible.
  (note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)
- Please ensure that you have registered for PayNow using your NRIC/FIN.
- If you do not have a Paynow account, please select one of the following:

☐ **Electronic Fund Transfer (EFT)**

- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please fill in the table below, and submit a copy of bank statement OR bank passbook showing account holder's name and account number.

Bank account number	
Bank name	

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner.

☐ **Telegraphic Fund Transfer**

Please refer to **https://www.manulife.com.sg/** under Self-Services and Claims > Manage policy payouts or withdrawals > Direct crediting to foreign bank account.

WARNING: For medical reimbursement plans, you can only be reimbursed for the amount you have incurred regardless of the number of medical insurance policies the Life Insured may have. Manulife reserves the right to recover any excess amount paid out.

Part 4
DECLARATION AND AUTHORISATION

1. I/We declare, represent and warrant that all answers, information and supporting documents given by me/us in/with this form are, to the best of my/our knowledge and belief, correct, true and complete; and no material information has been withheld nor omitted.
2. I/We consent to Manulife (Singapore) Pte. Ltd. ("Manulife") seeking/providing information about the life insured and this claim form from/to any medical practitioners, health care providers, insurers, organisations, investigation agencies, governmental organisations, regulators and any other parties in Singapore or any other country for purposes reasonably required by Manulife to process and administer my/our claims ("Purposes"). A photocopy or electronic copy of this authorisation shall be as valid as the original.
3. I/We confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"). I/We consent to the collection, use, disclosure and processing of my/our, and life insured's personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of Manulife Statement from Manulife and/or downloaded a soft copy of it from www.manulife.com.sg.
4. I/We agree that the personal data collected in this form and supporting documents will be used by Manulife for the purpose of complying with my request and other purposes reasonably required by Manulife to process and administer my/our claims.
5. I/We authorise any person, party, organisation, company, corporation, body and partnership, including but not limited to, any medical practitioners, health care providers, insurers, and investigative agencies in Singapore or any other country, to release, disclose or exchange any information (including personal data or personal health information) to or with Manulife for the Purposes.
6. I/We confirm that I/we am/are not an undischarged bankrupt, in winding up, receivership or judicial management and there is currently no pending or threatened bankruptcy or winding up proceeding, receivership or judicial management proceeding against me/us.
7. I/We authorise Manulife to assess the completed claim form and supporting documents received via electronic mail or online portal provided by Manulife ("Electronic Services"). I/We agree that Manulife is not responsible for verifying the authenticity of the instructions given or purported to be given by me/us. Manulife reserves the right (but not obliged) to suspend or disallow the claims processing for verification or other purposes as Manulife deems fit and shall not be liable for any losses incurred in consequence. I/We agree that Manulife shall not be liable for any losses arising from any submissions or instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services at all times. I/We understand that transmission of submissions or instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I/We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these submissions or instructions (including where relevant, the use of the Electronic Services).
9. I/We am/are aware that this form will not be effective until it is formally accepted and approved by Manulife.

Signature of Owner

Signature of Life Insured
(if different from Owner or Above 16 years old)

Name .....

NRIC/Passport No. .....

Date ..... (DD/MM/YYYY)

Name .....

NRIC/Passport No. .....

Relationship to Owner .....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (**www.manulife.com.sg**)