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Allianz Insurance Singapore Pte. Ltd.

CLAIM FORM

ALLIANZ CANCER PROTECT

THE POLICYHOLDER/CLAIMANT IS REQUESTED TO NOTE:

(a) Required supporting documents:

  ☐ This Cancer Claim form

  ☐ Attending Medical Practitioner's Statement (For attending doctor's completion)

  ☐ Medical reports/Laboratory reports

  ☐ NRIC or relevant identification documents of Policyholder and Claimant.

(b) This form must be completed truthfully and state all relevant information requested as detailed and accurately as possible.

(c) Any documents or reports required to process this claim shall be furnished at the expense of the Claimant.

(d) This form must be filled up and delivered to the Company by email or by post together with all supporting documents.

(e) All documents submitted must be in English. Any document that is not in English must be accompanied by English translated copy of the document made by a certified translator/ interpreter.

(f) The list of documents required is not exhaustive and we may require or request from you additional information/documentation as necessary to process your claim. The submission of an incomplete form, insufficient information or documentation may delay the processing or result in the denial of your claim.

(g) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under your policy may be forfeited.

(h) The issuance or acceptance of this form is not an admission of liability by the Company.

Type of Claim   ☐ Non Invasive Cancer Benefit   ☐ Major Cancer Benefit & Monthly Income Benefit

SECTION I : POLICYHOLDER INFORMATION

Policy No: | Name of Policyholder:
                                                        | (As per NRIC/FIN/Passport)

NRIC/ FIN/Passport No:

Contact Details: (Mobile)   (Home)   (Email)

Correspondence Address:

SECTION II : CLAIMANT INFORMATION (IF DIFFERENT FROM POLICYHOLDER)

Name of Claimant (As per NRIC/FIN/Passport):

NRIC/FIN/Passport No:

Contact Details: (Mobile)   (Home)   (Email)

Correspondence Address:

Relationship between Claimant and Policyholder:

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SECTION III : CLAIM INFORMATION

Symptom(s) and complaint(s):

Onset date of symptom(s):

Diagnosis by Doctor:

First consultation date:

Name and address of doctor for consultation:

SECTION IV : MEDICAL CONSULTATION

A) Please provide details of consultation(s) related to this illness:-

Name of Doctor	Name And Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reasons For Consultation

B) Please provide details of Insured's regular doctor(s) and company(s) doctor below:-

Name of Doctor	Name And Address of Clinic/Hospital	Date of Consultation (DD/MM/YY)	Reasons For Consultation

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SECTION V : OTHER INSURANCE

A)   Please provide details if Insured have similar benefits with other Company:-

Name of Insurer	Policy No:	Type of Plan	Date of Issue (DD/MM/YY)	Sum Assured	Date of Filed Claim (If Any)

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PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd. , ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

1. **Purpose Of Collecting Personal Data**

   We may use the personal data for the following purposes:

   (a) processing and evaluating your insurance application;

   (b) administering your insurance policy and providing services in relation to your insurance policy;

   (c) investigate, process and pay claims made under your insurance policy;

   (d) invoicing and collecting premiums and outstanding amounts from you;

   (e) verifying your identity;

   (f) detect and prevent fraud;

   (g) reinsurance purposes;

   (h) statistical analysis, research and quality assurance;

   (i) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;

   (j) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;

   (k) disaster recovery, data entry and data storage; and

   (h) any other incidental business purposes related to or in connection with the above.

2. **Disclosure Of Personal Data**

   We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

   (a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;

   (b) insurers and reinsurers;

   (c) medical institutions and professionals;

   (d) industry associations;

   (e) debt collection agencies;

   (f) parties who assist us in claim investigation, administration and adjudication;

   (g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and

   (h) regulators, government agencies and law enforcement agencies.

3. **Withdrawal Of Consent**

   The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

4. **For Enquiries Relating To Personal Data Protection, Access Or Correction Of Your Personal Data, Please Write To Us At:**

   The Data Protection Officer
   Allianz Insurance Singapore Pte. Ltd.
   79 Robinson Road #09-01
   Singapore 068897
   Email: **dpo@allianz.sg**

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DECLARATION

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We authorize the release of my/our medical information necessary to process this claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore all personal data related to me and other individuals provided by me in this application for one or more above mentioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Claimant: _____

Name of Claimant: _____

Date: _____

Signature of Policyholder: _____

Name of Policyholder: _____

Date: _____