Dental Claim Form





NOTE

Please complete all Sections and return this form to the Company together with original copies of detailed and itemised bills.

1.	Pa	rticulars Of Claimant				
Α.	Pol	Policy No.				
В.	If Group Insurance, Name of Policyholder (Employer)					
C.	Na	Name of Claimant				
D.	Em	ail	E. Date of Birth			
F.	Sex					
G.	NRIC/Birth Cert/Passport No.					
Н.	Name of Insured (If Claimant is a Spouse/Child)					
I.	Tel	Telephone				
2.	Sta	tement Of Claimant (By Parent If Claimant is a Minor)				
A.	i)	Type and Date of Treatment or Services				
	ii)	Name & Address of Dentist				
В.	i) If as result of an accident, please state injury					
υ.	,,	Date Time	Place			
	ii)	Circumstances of Accident				
3.						
I, the undersigned, hereby declare that the particulars stated on this form are true in every respect and I authorise an or other person who has attended to me to release any information acquired in the course of my examination or treatn Insurance (Singapore) Pte Ltd.						
	"I, the undersigned, have read and agree to the clauses described in Section 5 at page 3 of this claim form relating to the Personal Data Protection Act."					
	Sig	nature of Claimant (Parent, if a Minor)	Date			

Statement Of Dentist						
Please complete the	following					
Date	Tooth	Surface	Description of service (including x-rays, prophylaxis. materials used)	Fee		
Please mark teeth tre	eated or area of or	al treatment on follo	owing chart			
	RIGHT			LEFT		
TEMPORARY TEETH		e d	c b a a b c d e			
Remarks for Unusua	l Services:					

5. Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- · consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd 1 Raffles Quay #29-10 South Tower Singapore 048583