



AIA SINGAPORE GROUP HOSPITAL & SURGICAL CLAIM FORM

Corporate Solutions

3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799, Email : sg.eb.claims@aia.com

Section 1 : Claimant's Statement

Part A : To be completed by Employee & Dependant (if is a dependant's claim)

Company Name (Policyholder)		Policy No :
1) Name of Employee	NRIC / FIN / Passport No.	Date of Birth (DD/MM/YY)
Occupation	Date of Employment (DD/MM/YY)	Employee ID / No.
	Plan Type	Gender Female



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Section 2 : Medical Report

To be completed by Attending Physician			
<small>For Admission to Private Hospital or Hospital outside Singapore, patient must arrange to have this section completed by the Attending Physician when submitting a claim.</small>			
Company Name (Policyholder) :			Policy No :
1) Name of Patient			NRIC / FIN / Passport No.
2) Final Diagnosis of illness or extent of injury	ICD Code	ICD Code	ICD Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)			
