

Happy Tails Pet insurance claim form

Important notice

- If we accept this form, it does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

Policy number:	
Claim number: (For official use)	

You may email the completed claim form and supporting documents to plineclaims@income.com.sg. Please keep the original copy of the supporting documents for 6 months as we may request for them on case by case basis prior to settlement of the claim.

Personal details of policyholder

Name (as shown in NRIC, FIN or Passport)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)
Home address			Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email	

Details of insured Pet

Name of Pet		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Microchip number	Date of birth(dd/mm/yyyy)
Type of Pet	Breed type		Reside same premises as policyholder <input type="checkbox"/> Yes <input type="checkbox"/> No	

Payee's details

We will ONLY make payment via direct transfer to Policyholder's bank account. Please indicate the bank details below clearly for us to process the payment and to avoid any delay to the claim settlement.

Please select the mode of payment below:

Direct Transfer to Bank (Please provide supporting documents such as bank statement for verification of payee details.)

Full name (as shown in the bank account)	NRIC, FIN or passport number (as shown in the bank account)	Nationality
Name of bank	Bank account number	

For Payment by PayNow (registered with NRIC no only)

Injury or sickness claim details (please answer all questions)

Details of injury or sickness

Is the condition or disability suffered due to: Accident Sickness

1. If the condition or disability is due to sickness, please provide:

- the date the symptoms started (dd/mm/yyyy): _____
- the date of first treatment (dd/mm/yyyy): _____
- a detailed description of all symptoms and the nature of the medical condition or disability:

2. Has the sickness been treated previously? If Yes, please give details.

Yes No

- the date of first treatment (dd/mm/yyyy): _____
- name and address of the Veterinarian:

3. Is the sickness due to breeding, spaying or neutering? If Yes, please specific condition:

Yes No

4. If the condition or disability is due to accident, please provide:
- the date of the accident (dd/mm/yyyy): _____
 - the time of the accident: _____
 - where this happened: _____
 - a detailed description of the accident/nature and extent of injury sustained:

5. Has your Pet previously suffered from an injury to the same part? Yes No

6. Are there any more medical bills to be submitted? Yes No

Final expenses claim

- Cause of death
- Reason for Euthanasia (if applicable)

Third party liability claim

- When were you first notified of the incident?
- Where did the incident happen?
- If anyone has been injured, please furnish:
 - Name, NRIC number and contact details (contact number, email and home address) of injured person:

 - Details of nature of injury/extent of damage: _____
- Has any intimation of the claim been made against you? If so, by whom?

Note: No payment, offer or promise of any payment or admission of liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.

Other insurance coverage (Please answer all questions)

1. Is the Pet presently also insured for Pet insurance under another insurance company? Yes No
If Yes, please state name of insurance company and policy number:

2. Is the Pet claiming from another insurance company/other sources? Yes No
If Yes, please provide a copy of their settlement details:

Supporting documents

The below documents which have been **marked** will be enclosed with the claim form.

- Original medical bills/receipts
- Medical report - (Attending veterinarian to complete the attached medical report form)
- Inpatient discharge summary
- Completed clinical examination form by veterinarian, if this is the first claim submission
- Copy of death certificate
- Original receipt for euthanasia, cremation, funeral service and/or handling expenses
- Letters or writ of summons from third party with supporting documents, if any

This is not a full list and we may ask for other documents.

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data, for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

I cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.

I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. If it is discovered later that I or my Pet suffers from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" above. For the purpose of administering and processing my claim, I authorise, consent and agree to:

- a. the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with my Pet;
- b. Income and its agents, representatives and service providers to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with my Pet; and
- c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to assess this claim.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Name of policyholder: _____

Signature: _____

Date (dd/mm/yyyy) : _____

Medical report

To be completed by Attending Veterinarian

(You will have to pay any costs involved in the veterinarian providing this report.)

Name of Pet	Microchip No.		
1. What is the cause of the injury / sickness?			
2. Nature and Extent of injury / sickness			
3. Final Diagnosis			
4. Is the sickness due to breeding, spaying or neutering?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Is the sickness preventable by vaccines and/or prophylactic medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is the procedure cosmetic, preventative in nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Date when symptom first started			
8. Approximate date of discovery of the injury/ sickness			
9. When did the Pet first consult you for this condition?			
10. Details of presented symptoms, Nature and Date of Treatment rendered			
Veterinarian previously consulted by the Pet for the above condition:			
Name of Veterinarian	Date	Name of Clinic / Hospital	Address
Is the Pet still under your care for this condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Veterinarian		Date	
Name / Designation		Name and Address of Clinic / Hospital	