



Member of the UOB Group

United Overseas Insurance Limited

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Co. Reg. No. 197100152R

## Domestic Helper Insurance Claim Form

The Policyholder is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to United Overseas Insurance Limited. The acceptance of this form is not in itself an admission of liability on the part of the Company. We reserve our right to request from you any additional information / documentation.

Please email the completed claim form to [atria-claims@atriainsurance.com](mailto:atria-claims@atriainsurance.com).

### Section 1: Policyholder/Employer Details

Name:

NRIC / FIN number:

Date of birth:

Gender:

Address:

Email address:

Mobile number:

Policy number:

### Section 2: Domestic Helper/Claimant Details

Name:

FIN number:

Date of birth:

### Section 3: Medical or Accident Claims Details

For Accident, please provide:

- |   |                        |
|---|------------------------|
| (i) Date of Accident:   | (ii) Time of Accident: |
| (iii) Location of Accident:   |                        |
| (iv) Detailed description of the Accident (e.g. chronology of events, police report): |                        |

- (v) Detailed description of the nature of injury (e.g. which body part and type of injury):

For illness, please provide:

- |  |                          |
|--|--------------------------|
| (i) Date Symptom Started:  | (ii) Date First Treated: |
| (iii) Detailed description of all symptoms and medical conditions: |                          |

Have you been given hospitalisation or medical leave? Yes No  
If yes, please provide:  
Start Date: End Date:

Have you ever suffered from this injury/illness or similar condition before? Yes No  
If yes, please provide:  
Name of clinic/hospital:  
Date:  
Reason for consultation:

#### Section 4: Other Insurance Coverage

Are you covered for this injury/illness by any other insurance policies? Yes No  
If yes, please provide:  
Name of insurer:  
Policy number:  
Sum insured:

#### Section 5: Payee's Details

Name of bank (SG account only):  
Name as shown in bank account:  
Bank account number:  
Email:

#### Section 6: Declaration

In accordance to the provisions of the Personal Data Protection Act 2012 ("PDPA"), the UOI's Privacy Notice shall form part of the terms and conditions of the Policy. A copy of UOI's Privacy Notice can be found at [www.uoi.com.sg](http://www.uoi.com.sg).

I, the undersigned, do hereby declare that to the best of my knowledge and belief, the foregoing particulars are true and correct. I hereby authorize any hospital doctor or other people who has attended to me to furnish United Overseas Insurance Limited or its representatives any and all information with respect to any sickness, injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorization shall be considered as effective and valid as the original.

Name of Policyholder/Employer: Name of Claimant:

Signature: Signature:

Date: Date: