

## Personal Accident Claim Form

<b>Policy Number</b>	<b>P0001225 (GPA) / P0001226 (RideShield)</b>	<b>Policyholder's Full Name</b>	<b>Velox Digital Singapore Pte Ltd</b>
<b>Important Notice</b> <ol style="list-style-type: none"> <li>You, the Claimant/Insured Person must truthfully declare the information and particulars to the best of your knowledge.</li> <li>The acceptance of this form is not in itself an admission of liability on the part of the Company.</li> <li>If this claim is found to be fraudulent to obtain any benefit under the policy, the coverage will be rendered void.</li> <li>Any documentary proof or report required by us shall be furnished at your own expense.</li> <li>Please send your completed form and supporting documents to us at <a href="mailto:SGGojek.claims@etiq.com.sg">SGGojek.claims@etiq.com.sg</a> within 30 days from the date of the event.</li> </ol>			
<b>Claims Supporting Documents</b> <ul style="list-style-type: none"> <li>Gojek booking details indicating booking ID, time/date of pick-up and drop-off, driver and passenger name(s).</li> <li>Vehicle details of the car(s) involved in the accident (licence plate number).</li> <li>Police report (if applicable, must be lodged within 24 hours of the incident).</li> <li>Medical report(s) certifying the injury (ies) sustained at the time of the accident.</li> <li>Medical bills and receipts.</li> <li>NRIC of claimant.</li> <li>Death certificate, post mortem report (if applicable).</li> <li>Any other documentary evidence requested by us.</li> <li>Bank statement reflecting claimant's name, bank name and account number for claim settlement by bank transfer.</li> </ul>			

Insured Person Details		Opted in for RideShield?	
		Yes	No
Full Name (as per NRIC/Passport):		NRIC/FIN/Passport No.:	
Date of birth:		Address:	
Email:		Mobile No.:	
Accident & Injury Details			
Date of accident:		Time of accident:	
Location of accident:		Trip Booking ID:	
Type of claim:	<input type="checkbox"/> Accidental Death / Permanent Disablement <input type="checkbox"/> Medical Expense Reimbursement		
Claim Amount (SGD):			
Description of accident:			
Description of injury/illness sustained:			
Have you received any treatment for this injury, illness or a similar condition before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the name and address of your attending physician/medical practitioner:		

Are you making a claim against any other insurance policy in respect of the same injury described herein?

☐ Yes ☐ No

If Yes, please provide the following details:

Name of the insurance company	Type of Insurance	Policy number	Claim amount (SGD)

## Claims Payout Method

☐ PayNow (default payment mode)

I hereby confirm that I am registered with PayNow and have linked my Singapore NRIC/FIN No. to my bank account (the 'PayNow Account'), of which I am the legal and beneficial owner. I hereby authorise and instruct Etiqa Insurance Pte. Ltd. to deposit any payments due to me into my PayNow Account and, where necessary, to verify my PayNow Account details with the relevant bank.

☐ Bank Transfer (only applicable for non-Singapore resident, whom does not have a valid NRIC/FIN No.)

Account Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Code: \_\_\_\_\_

## Declaration and Authorisation

- [Declaration] I declare that the information given in this form is true and correct to the best of my knowledge and belief.
- [Authorization] I hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I agree that a copy of this consent shall have the validity of the original.
- [Customer's Data Privacy Consent] I further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd whether contained in my insurance coverage or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my claim. I understand my data that may also be used for audit, business analysis and reinsurance purposes. My signature below will signify this consent.
- [Direct Credit] I confirm that there had not been any change to my tax residency status or any circumstances which affects my tax residency status and undertake to provide Etiqa with a suitably updated self-certification and documentation otherwise.
- [Direct Credit] I confirm that the payment information provided by me in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my bank account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
- [Direct Credit] Notwithstanding the above, Etiqa Insurance Pte Ltd reserves the right to release payment to me by an alternative payment method if I am unable to receive the claim payout by PayNow linked to NRIC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Insured/Claimant