

INDEMNITY

To : AXA Insurance Pte Ltd (Health Claims Dept)

POLICY NO. :
DATE OF POLICY :
POLICYHOLDER :
CLAIMANT :

I am unable to furnish AXA Insurance the original Tax Invoice for my hospitalization / treatment on _____
at _____ reason being that:-

I am claiming from another insurer/third party for the same admission/visit

(Name of the insurer/third party).

The settlement/payment advice from the said insurer/third party is enclosed.

I have lost the bill and I am not claiming the medical expenses from another insurer/third party for the same admission/visit.

Other reason(s,) please specify:- _____

_____ and I will not be
claiming from another party / insurer.

Dated _____ day of _____ 20 _____

Signature of Insured / Claimant

Name:

NRIC No. :

Address:

Signature of Witness

Name of
witness:

NRIC No.:

Address:

Important Note:

Pursuant to the Insurance Act (Cap. 142), you are to disclose in this form fully and faithfully, all facts which you know or ought to know, otherwise, nothing may be payable under the policy.

Please return the original indemnity form to claims department after completion.