AIA SINGAPORE
CITIBANK CREDIT INSURE GOLD
CRITICAL ILLNESS CLAIM FORM
Corporate Solutions

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

CLAIMS PROCEDURES

Please furnish the following documents within 90 days from the date Critical Illness is diagnosed and confirmed by a Medical Practitioner :-

a) Duly completed Claimant's Statement (to be completed by the Insured Person)

b) Duly completed Physician's Statement by the Attending Physician / Surgeon. The cost of such report will be borne by the Insured Person

c) Copy of MRI / CT Scan / Histology / X-ray / Laboratory Reports.

d) Any other documents required, will be based on the case itself.

e) Every question must be distinctly and fully answered. The company reserves the right to pursue or obtain further information / document should it be deemed necessary.

f) For details of complete Coverages, Exclusions and any other terms and conditions, please refer to the Credit Insure Gold Certificate.

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Section 1 - To be completed by Citibank

To provide a copy of the billing statement for all eligible credit facilities prior to date of event and the following two months

Part A : Insured Person's Particular		
1) Name of Insured Person		Insured Person NRIC / Passport No.
Date of Birth (DD/MM/YY)	Gender ☐ Female ☐ Male	Contact No.
Address of Insured Person for Correspondence		

Part B : Eligible Credit Facilities	
Date of Event (DD/MM/YY)	Policy Status ☐ In Force ☐ Terminated
Credit Card No.	Coverage Commencement Date
Credit Card No.	Coverage Commencement Date
Credit Card No.	Coverage Commencement Date
Ready Credit A/C No.	Coverage Commencement Date
Others.	Coverage Commencement Date

Part C : Completed & Verified By

Name of Citibank Officer

Signature

Designation

Date

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Section 2 - Claimant's Statement

Part A : To be completed by Insured Person	
Name of Insured Person	NRIC / Passport No.
Date of Birth (DD/MM/YY)	Gender ☐ Female ☐ Male
Personal Email Address	Contact No.
Address of Insured Person for Correspondence	

Part B : Details of Illness

1.	Which Critical Illness are you claiming for?				
2.	Which physician first made the diagnosis?				
	Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Diagnosis (DD/MM/YY)	
3.	What are the symptom(s) related to this illness?				
	Description of Symptom(s)		Date of Onset (DD/MM/YY)	Duration	
4.	Who was your regular physician prior to the diagnosis?				
	Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Last Consultation (DD/MM/YY)	
5.	Are there any other physician(s) whom you have consulted in connection to this illness? If Yes, please provide the following information:			☐ Yes ☐ No	
	Name of Physician	Address	Date of First Consultation (DD/MM/YY)	Date of Last Consultation (DD/MM/YY)	
6.	Are you insured for similar benefits with any other Company? If Yes, please provide the following information:			☐ Yes ☐ No	
	Name of Company	Policy No(s).	Amount of Benefit	Claim submitted?	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

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Part C : Declaration and Authorisation

1) I/We acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") is neither an admission that there was any insurance in force on the life in questions, nor an admission of liability nor a waiver of any of its rights or defences.

2) I/We
   a) hereby declare that I/we are duly authorised to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connections with the claim and the Policy ("Information");
   b) declare that all information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid whether wholly or partially;
   c) acknowledge and accept that AIA Singapore shall be a liberty to deny liability or recover amount paid, whether wholly or partially, if any of the information is incomplete, untrue or incorrect in any respect of if the Policy does not provide cover on which such claim is made; and
   d) acknowledge and accept that AIA Singapore expressly reserves its rights or obtain further information as it deems necessary.

3) I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself at any time and authorize the prior mentioned organizations to disclose all such information to AIA Singapore.

4) I/We consent to AIA Singapore, its associated persons/organisations, third party service providers and representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") provided to AIA Persons or that they possess about me/us, in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website.

5) I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/us, I/we confirm that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each such other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/we breach these provisions.

6) This consent shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not our Application/form is accepted by AIA Singapore. A photocopy of this consent shall be valid and effective as the original.

Signature of Insured Person	Date (DD/MM/YY)

Part D : To be completed by Witness

Name of Witness	NRIC / Passport No.
Signature	Date

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Section 3 – Physician's Statement

Please have Part A, B, C and D of Section 2 completed by the Attending Physician at the insured's expense.

Name of Patient	**Occupation**	**NRIC / Passport No.**

Part A : General Information		
1.	Are you the patient's usual medical provider?	☐ Yes ☐ No If "Yes", over what period do your records extend?
2.	Please provide name and address of doctor who referred the patient to you.	
3.	When did the patient first consult you for this illness? (DD/MM/YY)	
4.	What were the symptoms presented?	
5.	According to the patient, how long had he/she been experiencing these symptoms?	
6.	How long do you feel the symptoms have lasted? Please provide reasons.	
7.	What is the diagnosis?	
8.	On which date was the diagnosis made? (DD/MM/YY)	
9.	On which date was the patient first made aware of the diagnosis? (DD/MM/YY)	
10.	Was there any surgical procedure performed?	☐ Yes ☐ No If "Yes", what was the surgical procedure performed?
11.	When was the surgical procedure performed? (DD/MM/YY)	

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Name of Patient	NRIC / Passport No.

12.	What is the prognosis of the patient's condition?	
13.	Has the patient previously suffered from the illness or any related condition ticked [✓] above?	☐ Yes ☐ No If "Yes", please give dates of consultations and resulting diagnosis.
14.	Is there anything in the patient's family history which would have increased the risk of the illness?	☐ Yes ☐ No If "Yes", please give family history.
15.	Please provide full and exact details of the diagnosis and its clinical basis.	
16.	Has the patient suffered from/been treated for any other illness(es)/complaints other than his Critical Illness?	☐ Yes ☐ No If "Yes", please give dates of consultations and resulting diagnosis
17.	Is there any further information which in your opinion will assist us in assessing this claim?	☐ Yes ☐ No If "Yes", please furnish such information.
18.	Will you agree and authorize to release this medical information if such disclosure is required by the Financial Industry Disputes Resolution Centre Ltd (FIDReC) of Singapore or any proper Government Authority?	☐ Yes ☐ No If "Yes", please furnish such information.

Please indicate the Critical Illness and provide the details in the relevant section.

Kindly refer to Appendix A for the Critical Illnesses' definitions.

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Part B : Details of Patient's Illness

1. Major Cancers

Besides Female Cancer rider, all cancers exclude Carcinoma-In-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3.

1.	Please describe the extent of the disease.	
	a. What is the histological diagnosis of the disease?	
	b. What is the staging of the Tumour?	
	c. When was the above staging first determined? (DD/MM/YY)	
	d. Is the disease completely localized?	☐ Yes ☐ No
	e. Is there spread of malignant cells to lymph nodes or distant part of the body?	☐ Yes ☐ No If "Yes", please describe degree of regional nodal involvement and/or spread to distant parts of the body.
	f. Is the tumour histologically described as pre-malignant or non-invasive, including, but not limited to Carcinoma-In-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN2 or CIN-3?	☐ Yes ☐ No
	g. Was the tumour present due to HIV/AIDS infection?	☐ Yes ☐ No
2.	To be completed ONLY if diagnosis is skin cancer, prostate cancer, thyroid and bladder cancer, chronic lymphocytic leukaemia or gastrol-intestinal stromal tumours.	
	a. For skin cancer, is the tumour histologically described as hyperkeratosis, basal cell and squamous skin cancers?	☐ Yes ☐ No
	b. For melanomas cancers, is the lesion of less than 1.5mm Breslow thickness, nor less than Clark level 3?	☐ Yes ☐ No
	c. For prostate cancer, is the tumour histologically described a Papillary micro-carcinoma of less than 1cm in diameter?	☐ Yes ☐ No
	d. For Chronic Lymphocytic Leukemia, is the disease classified as lesser than RAI Stage 3?	☐ Yes ☐ No
	e. For Gastrol-Intestinal Stromal tumours, is the mitotic count of less than or equal to 5/50 HPFS?	☐ Yes ☐ No
3.	What is the nature of treatment?	☐ Surgical ☐ Radiotherapy ☐ Chemotherapy ☐ Palliative Please provide details of procedure(s).
4.	Is biopsy of the tumour performed?	☐ Yes ☐ No
5.	In your opinion, does the patient's condition fulfill the definition of "Major Cancer" described in Appendix A?	☐ Yes ☐ No
6.	Please enclose copies of all reports including biopsy, cytology reports, x-rays, CT scans, other imaging studies, laboratory evidence, surgical reports, etc, and relevant hospital reports that are available.	

2. Heart Attack of Specified Severity	
1. What is the diagnosis?	
2. Please describe the heart attack.	
a. Date of attack (DD/MM/YY)	
b. Was there a current history of typical chest pain?	☐ Yes ☐ No
c. Were there any changes in the ECG indicative of a myocardial infarction?	☐ Yes ☐ No
d. Was there ST elevation or depression?	☐ Yes ☐ No If "Yes", please provide details.
e. Was there T wave inversion?	☐ Yes ☐ No
f. Was there pathological Q waves?	☐ Yes ☐ No
g. Was there left bundle branch block?	☐ Yes ☐ No
h. Was there elevation of Troponin (T or I) documented?	☐ Yes ☐ No If "Yes", please state the date of test and its reading (DD/MM/YY).
i. Was there elevation of cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels?	☐ Yes ☐ No If "Yes", please state the date of test and its reading (DD/MM/YY).
j. Was left ventricular ejection fraction taken 3 months or more after the event?	☐ Yes ☐ No If "Yes", please state the date it was done and its percentage. (DD/MM/YY)
k. Was there death of a portion of the heart muscle?	☐ Yes ☐ No
3. Date of return to normal activities and/or the patient's current limitations – physical and mental. (DD/MM/YY)	
4. In your opinion, does the patient's condition fulfill the definition of "Heart Attack of Specified Severity" described in Appendix A?	☐ Yes ☐ No
5. Please enclose copies of all reports, resting ECGs, exercise stress tests, troponin results, enzymes assays, isotope studies, imaging (echocardiograms), coronary angiography and any relevant hospital reports that are available.	

3. Stroke with Permanent Neurological Deficit	
1. What is the diagnosis?	
2. Please describe the episode.	
a. Date of episode (DD/MM/YY)	
b. Nature of the episode	
c. Duration of the acute symptoms	
d. Is this a Transient Ischaemic Attack?	☐ Yes ☐ No
e. Please comment on any neurological sequelae which lasted more than 24 hours.	
f. Have these sequelae lasted at least 6 weeks after the events?	☐ Yes ☐ No
g. How long have these sequelae been present since the initial episode? Please give the number of days/months.	
h. Which of these symptoms of neurological deficits are present?	☐ Numbness ☐ Paralysis ☐ Localized weakness ☐ Dysarthria ☐ Aphasia ☐ Dysphagia ☐ Coma ☐ Delirium ☐ Visual Impairment ☐ Dementia ☐ Seizures ☐ Difficulty in walking ☐ Tremor ☐ Lack of Coordination
i. Are the neurological deficits expected to be permanent?	☐ Yes ☐ No Please state the basis of prognosis.
j. Has there been an infarction of brain tissue, cerebral haemorrhage, thrombosis or embolization from an extracranial source?	☐ Yes ☐ No
k. Was the brain damaged due to an accident or injury, infection, vasculitis or inflammatory disease?	☐ Yes ☐ No
l. Is this a vascular disease that affects the eye and optic nerve?	☐ Yes ☐ No
m. Is this an ischaemic disorder of the vestibular system?	☐ Yes ☐ No
3. Date of return to normal activities (DD/MM/YY)	
4. What are the patient's present physical and/or mental limitations?	
5. In your opinion, does the patient's condition fulfill the definition of "Stroke" described in Appendix A?	☐ Yes ☐ No
6. Please enclose copies of all reports, radiological procedures, MRI, CT scanning, laboratory evidence, other imaging procedure, etc, and any relevant hospital reports that are available.	

Part C : Activity of Daily Living	
1. Is the patient able to perform (whether aided or unaided) the following?	
a. Washing- the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
b. Dressing- the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
c. Transferring- the ability to move from a bed to an upright chair or wheelchair and vice versa	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
d. Mobility- the ability to move indoors from room to room on level surfaces	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
e. Toileting- the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)
f. Feeding- the ability to feed oneself once food has been prepared and made available	☐ Yes ☐ No If "No", since when did the inability start? (DD/MM/YY)

Part D : Declaration by Attending Physician

I hereby declare that I was physician in attendance during the last illness of the patient and that the foregoing answers are true to the best of my knowledge and belief and that no material fact has been concealed from the Company.

Signature of Physician	Date (DD/MM/YY)
Name / Designation	Name and Address of Clinic / Hospital & Stamp

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Appendix A – Critical Illness Definition

1. Major Cancers

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  Pre-malignant;
  Non-invasive;
  Carcinoma-in-situ (Tis) or Ta;
  Having borderline malignancy;
  Having any degree of malignant potential;
  Having suspicious malignancy;
  Neoplasm of uncertain or unknown behaviour; or
  All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to obstruction of blood flow, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.