

# THE SINGAPORE GOVERNMENT STAFF CREDIT CO-OPERATIVE SOCIETY LTD

1 Sophia Road, #05-21 Peace Centre, Singapore 228149 Tel: 63374936 Fax: 63396772  
Reg. No. ROC : 001

## HOSPITALISATION BENEFIT CLAIM FORM

### PERSONAL PARTICULARS

Name:		NRIC No:
Address:		
Tel: (H)	(O)	(Hp)
POSB / DBS Bank Account No:		

Nature of Illness : \_\_\_\_\_

Days hospitalised : \_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_ )  
(Photocopy of the hospitalisation bill is to be attached)                                  Date                                  Date

I read the rules and regulations with regard to the Hospitalisation Benefits Scheme on the reverse page. I confirm that the information given above is FULL, TRUE and CORRECT. The Society shall have the authority to recover the sum paid to me should there be any information found which disqualify the claim.

I hereby authorised my surgeon or physician to release any information with regard to my hospitalisation to the Society.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

### **FOR OFFICIAL USE ONLY**

Days eligible : \_\_\_\_\_ Date of Last Claim : \_\_\_\_\_

Days claimed : \_\_\_\_\_ Voucher No : \_\_\_\_\_

Amt Approved : \_\_\_\_\_ Cheque No : \_\_\_\_\_

Verified By : \_\_\_\_\_ Date : \_\_\_\_\_  
(Hon. Treasurer)

Received the sum of Dollars \_\_\_\_\_  
on account of the above.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

# HOSPITALISATION BENEFIT SCHEME

## Terms and Conditions

**Eligibility** : Members who are over 18 years of age. New members shall be eligible for benefits if they have completed 6 months of membership with the Society.

**Benefit** : A daily hospitalisation allowance shall be payable if the member is admitted due to illness or injury to a licensed hospital in Singapore.

**Amount of Benefit** : \$30/- per day for the period of hospitalisation up to a maximum of 15 days per calendar year.

**Exclusions** : No benefit shall be paid to any confinement to hospital for an illness or injury directly or indirectly caused or accelerated by:-

- (a) strikes, riot, civil commotion, war (whether declared or not);
- (b) engaging in aviation (except as a passenger on regularly scheduled passenger flight of a commercial air-craft);
- (c) being under the influence of intoxicating liquor or any narcotic or drug;
- (d) suicide, attempted suicide, intentional self-injury, dueling or the hands of justice;
- (e) insanity;
- (f) venereal disease;
- (g) AIDS and AIDS-related diseases;
- (h) communicable disease (if declared by the State to be an outbreak);
- (i) dental care and treatment except as necessitated by accidental injuries;
- (j) cosmetic treatment or cosmetic surgery, eye glasses and refractions or hearing aids and prescriptions therefore, except necessitated by injuries.

## CLAIMS PROCEDURE

**Notice of Claim** : Claims shall be made on prescribed forms, obtainable from the Society or the Society's website at [www.sgs.coop](http://www.sgs.coop), within 30 from the date of discharge from the hospital.

**Proof of Claim** : The original Hospital Bill shall be attached to the Claim. Should the Bill be not available at the time of claim, discharge certificate shall be attached and the original Bill can be forwarded to the Society upon receipt.

**Medical Report** : A medical report on the illness of the claimant may be called for to determine whether the claim falls under any of the exclusion clauses.

**Approval for Payment of Claims** : All claims shall be scrutinised and passed for payment by the Committee of Management whose decision shall be final.

**Payment of Claim** : Payment of approved claims shall be made within 1 month from the date of submission of the claims except those claims pending Medical Bill or further clarifications which may take a longer time.

**Unsuccessful Claims** : Members whose claims are not approved for payment shall be accordingly informed by letter.