

3 Cash benefit

The hospital should complete this section if there were no charges for your overnight admission, and your plan includes a cash benefit

I confirm that
 was in hospital from to
 and this admission was free of charge

The hospital needs to stamp this claim form here:

4 Payment details

Important information

We can settle claims in over 80 currencies. This must be in one of the following; (i) the currency in which you pay your premium (ii) the currency of the invoices you send us or (iii) the currency of your bank account.

Who would you like us to pay? (select one only)

Doctor <input type="radio"/>	Hospital/Clinic <input type="radio"/>	Patient/Member (enclose proof of payment) <input type="radio"/>	Group/Company (enclose proof of payment) <input type="radio"/>
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Please complete either Section A or Section B, note that reimbursement can only be made via these payment methods.
Section A - Payment by Electronic Funds Transfer to a bank account

Bank name																														
SWIFT / BIC code*																														
Sort code (UK only)				-				-																						
Account number																														
Full IBAN number*																														
Account name / payee																														
Currency for the transfer																														
Bank address																														
Post / Zip code																														
Country																														

***To process your payment as quickly and securely as possible, we strongly recommend this option as a preferred payment method. Please provide both your IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

We recommend that bank transfers are made in the currency of your bank account. If you submit a claim and have asked us to pay you, your benefit will be paid less the amount of deductible or co-insurance applicable to your plan. If you have asked us to pay the provider, and an annual deductible or co-insurance applies to your cover, the shortfall will be collected using your direct debit or credit card. If you are part of a company plan, we will send payment to the medical provider for the eligible claim. We will deduct from this payment the remaining annual deductible or co-insurance on your membership. You are responsible for paying any shortfall to the provider after your claim has been assessed and paid. To find out if you have a co-insurance or deductible on your plan, please refer to your membership certificate. To find out more about how co-insurances and deductibles work please refer to your membership guide.

Section B - Payment by cheque

In which currency would you like us to pay the cheque (please select one only)

Currency of your invoices Currency of your premiums Currency of your bank account Other, please specify:

Cheques payable to members will be sent by post to the correspondence address provided on the front page

5 Your consent to obtain a medical report

Important information

Please read this section carefully, as it sets out your rights under the Singapore Personal Data Protection Act 2012 / Do Not Call Regime and the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

I understand, acknowledge, agree and consent that:

(a) Raffles Health Insurance Pte. Ltd., Bupa Global, the trading name of Bupa Insurance Services Limited, who is the administrator of international health insurance policies in Singapore and the General Insurance Association of Singapore (“GIA”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by Raffles Health Insurance Pte. Ltd. and Bupa Global (collectively the “Personal Information”) and disclose and transfer such Personal Information to reinsurers, lawyers /law firms of Raffles Health Insurance Pte. Ltd. or Bupa Global and the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the “Purposes”)

(b) Reinsurers, lawyers /law firms of Raffles Health Insurance Pte. Ltd. and lawyers /law firms of Bupa Global may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Member's Signature

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Date

D	D	M	M	Y	Y	Y	Y
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Member Name

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NRIC No / Passport No:

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Contact address: If you do not wish to receive information about products and services, or have any other Data Protection queries please write to your administrator's Head of Information Governance, at Bupa, 1 Angel Court, London EC2R 7HJ or at DataProtection@Bupa.com

6 Third party insurers

Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?)

Y	N
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Name

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Address

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Email

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Telephone (Please include country code, area code and number)

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Raffles Health Insurance Data Protection Notice

To process, administer and/or manage your relationship, account and policy with Raffles Health Insurance Pte. Ltd. (“RHI”), RHI will necessarily need to collect, use, disclose and/or process your personal data or personal information about you and your family members, as may be required. Such personal data includes (i) information set out in this form and any other personal information provided by you and your family members, as may be required or possessed by RHI; (ii) your claims; and (iii) medical information, which will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

1. Such personal data will be collected, used, disclosed and/or processed by RHI for the purpose(s) of :

- (a) considering whether to provide you with the insurance you applied for;
- (b) processing your application for underwriting and insurance;
- (c) administering and/or managing your relationship, account and/or policy with RHI;
- (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- (e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by RHI;
- (f) carrying out your instructions or responding to any enquiries by you;
- (g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- (h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned;
- (i) complying with applicable law in administering and managing your relationship with RHI; and/or
- (j) sending you marketing, advertising and promotional information about other insurance, investment and/or financial products and/or services that RHI may be selling or marketing, and which RHI believes may be of interest or benefit to you by the following modes of communication:

i. postal mail, electronic transmission to your email address, SMS/MMS (text message) and fax;

Please tick this box if you do not wish to receive communication via postal mail, email, SMS/MMS (text message) and fax.

ii. to your telephone number(s):

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by way of: voice call (Please tick this box if you do not wish to receive communication via voice calls) (collectively the “Purposes”)

- 2. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
- 3. Your personal data may/will be disclosed by RHI to its third party service providers or agents (including its lawyers / law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by RHI, would be processing your personal data for RHI for one or more of the above Purposes.
- 4. All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

- 5. Telephone calls: In the interest of continuously improving our service to members, your calls will be recorded and may be monitored.
- 6. Research: Anonymised or aggregated data may be used by RHI, or disclosed to others, for research or statistical purposes.
- 7. By signing below, you:
 - (a) consent to RHI collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
 - (b) consent to RHI collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
 - (c) consent to RHI disclosing your personal data to its third party service providers, or agents (including its lawyers / law firms), for the Purposes as described above;
 - (d) consent to RHI transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above; and
 - (e) represent and warrant that you are the user and/or subscriber of the telephone number(s) provided by you in this form, and that you have read and understood the above provisions.
- 8. Please visit www.raffleshealthinsurance.com for updates to RHI Privacy Statement

Privacy Notice of Bupa Global
Last updated: March 2022

For the avoidance of doubt, it is clarified that this privacy notice is for Bupa Global and is only applicable to/governs your relationship with Bupa Global as your international claims administrator. This privacy notice does not apply to or govern your relationship with RHI, as your insurer.

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 1273 323563. Alternatively you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, “we” “us” and “our” mean the Bupa companies trading as Bupa Global. For details of these companies , visit www.bupaglobal.com/legal-notice

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the ‘Sharing your information section’. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services (“you”, “your”), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4. What we use your personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

Important information - to be completed by the patient

I confirm that the information I have given on this form is accurate, correct and complete, to the best of my knowledge.
 I confirm that I give explicit consent, within the provisions of all applicable data processing law and regulation, to the processing of my personal information with respect to this claim, as set out under this form. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Global or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

Patient's signature (Parent or guardian if patient is under 16)

Date

D	D	M	M	Y	Y	Y	Y
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Print Name

If you have any queries regarding your claim, log onto our website <https://membersworld.bupaglobal.com> or contact our customer services team on:

o Telephone: +44 (0) 1273 323 563

o Email: info@bupaglobal.com

Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

Please refer to your membership certificate for details of your insurer.

Claim checklist

Please review the following checklist and ensure that the information and supporting documents are provided, where applicable:

- Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- Symptoms and/or diagnosis, where this has been established, along with the onset date
- Prescription for pharmacy and optical claims
- Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)
- A medical/discharge report, for inpatient treatment and surgical procedures
- Complete payment instructions including payment currency
- Proof of payment for member/group/company paid claims
- Signature, name and date provided for the declaration above

Please, note that we may need to request additional information to complete the assessment of your claim.

If you can provide this information directly, we will contact you by email to advise the full details, which you can also view in your MembersWorld account.

Members: You will be able to track the progress of your claim on our MembersWorld website (<https://membersworld.bupaglobal.com>)

Notes