



BENEFIT CLAIM FORM

POLICY NO. _____

Please tick type of benefit for filling the claim:-

- ANNUITY MEDICAL
 HEALTH SCREENING
 BIENNIAL MEDICAL

Notes:

1. Please give a clear description of each type of check-up and its corresponding charge on the original bills / receipts.
2. Attach the **original bills / receipts** together with the duly completed claim form and send to **Individual Life Claims Department** of Aviva Ltd.
3. For Lump Sum Benefit / Hospitalisation Benefit, please use **Medical Insurance Benefit Claim Form**. You can download the form from our Website (www.aviva-singapore.com.sg) or obtain a copy via our Customer Service.

TO BE COMPLETED BY ASSURED

| | | | |
|--------------------------------|--|----------|--|
| NAME OF LIFE ASSURED | | | |
| NRIC NO. | | RELIGION | |
| TYPE / DESCRIPTION OF CHECK-UP | | | |
| NAME OF DOCTOR | | | |
| NAME AND ADDRESS OF CLINIC | | | |

I,(NRIC/PP No.) declare that the answers given by me in this Form are in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted.

I further consent to Aviva Ltd seeking information from any clinic, hospital, physician, person, organisation, employer that may be required in connection with this claim and I authorise the giving of such information to Aviva. A photocopy of this authorisation shall be considered as effective and valid as the original.

SIGNATURE OF ASSURED

DATE

NAME OF ASSURED