

eService || e-Claims



4. Fill in claim details

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Benefit claimed	
Please Select	~
* Benefits shown here are not necessarily covered under your policy. Please refer to policy document for claimable benefits.	
Diagnosis	
Please choose	~
Declaration	
LHEREBY DECLARE AND AGREE on behalf of myselfithe insured and other persons referred to in this claim form ("Relevant Persons") that	
(1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; and	
(2) We have received, read and May undersition the Personal Information Collectors Tatament contained in this document, an agree that any personal stats of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement for the Company may provide the personal data to the parties set out in paragraph 6 of that Statement for the aforement/outed purposes.	d
I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.	
Next Step	

Select the benefit claimed, fill in the information, read and agree to the declaration, then click "Next Step"

5. Upload documents



Upload the relevant documents as requested. After uploading, click "Next Step" to enter Confirm Submission page



Verify the information inputted, click "Confirm" to submit the application

After submitting the application, remember to jot down the reference number for future enquiries

For further inquiries, please call Customer Service Hotline at (852) 2860 0688