

3 Cash benefit

The hospital should complete this section if there were no charges for your overnight admission, and your health 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

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

Medical Practitioner <input type="radio"/>	Hospital or clinic <input type="radio"/>	Patient or member (enclose proof of payment) <input type="radio"/>	Group or company (enclose proof of payment) <input type="radio"/>
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Complete Section A to be paid by bank transfer or Section B to be paid by cheque.

Section A - Payment by bank transfer to a bank account

Bank name	
Swift / BIC code	
Bank account number	
Sort code (UK only)	<input type="text"/> - <input type="text"/> - <input type="text"/>
Full IBAN number	
Bank account holder name	
Bank account currency	
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 the IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information.

Bank transfer payments will be made in the currency of your bank account.

Here's how we process co-insurances and deductibles for claims:

- If we're paying you - we'll pay your claim less the deductible or co-insurance amount you have on your policy.
- If we're paying the provider - we'll take the deductible or co-insurance amount from you using your direct debit or credit card.
- If you're a member of a company plan - we'll pay the medical provider for the claim less the deductible or co-insurance amount you have on your policy. You're responsible for paying any outstanding amount to the provider after we've assessed and paid the claim.

To find out if you have a co-insurance or deductible, please check your insurance certificate. You can find out more about how co-insurances and deductibles work in 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 (Please specify this) _____

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

7 Privacy notice

Last updated: January 2024

Raffles Health Insurance Data Protection Notice

Your privacy is important to us. We are committed to handling your Personal Data under our control with care. Raffles Health Insurance Pte. Ltd. (including the Raffles Medical Group ("RMG") and the group of companies under the RMG, our appointed/ authorised vendors and/ service providers, as well as their respective representatives and/ or agents and authorised distributors (as the case may be) shall collectively be referred to as "RHI", "We", "Us", "Our", "Raffles Health Insurance".

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 a proposal or 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 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, or your telephone number provided by you (unless you have specifically opted out or have subsequently written to Us to stop sending you such marketing, advertising and promotional information)

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. Please visit

<https://www.raffleshealthinsurance.com/privacy-statement/> to see the full Privacy Statement

Privacy Notice of Bupa Global

Last updated: September 2023

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.

Claim checklist

Please review the following checklist and make sure that you give the information and supporting documents, 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 date they started
- 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 in-patient treatment and surgical procedures
- Complete payment instructions including payment currency
- Proof of payment for policyholder, group or company paid claims
- Signature, name and date provided for the declaration above

We'll email you if we need more information to complete the assessment of your claim. You can also track the progress of the assessment online in your MembersWorld account.

Notes