



SINGAPORE INSURANCE EMPLOYEES' UNION

(Registered Under Trade Union Act No. 331/1955)

190 Middle Road, #10-07 Fortune Centre, Singapore 188979. TEL: 6337 0273 FAX: 6336 2008

HOSPITALISATION BENEFIT CLAIM FORM

(Get-Well Fruit Basket)

Company : _____

Member's Name : Mr / Mdm / Ms _____

Member's NRIC : XXXXX

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 (last 3 digits and letter)

Member's Address : _____

Member's Contact No. : _____

Hospital's Name : _____

Block No. _____ Level No. _____

Ward No. _____ Bed No. _____

Others (please specify) : _____

• **Terms & conditions apply**

COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

1. I agree and consent to the collection, use, retention and disclosure of my personal data by SIEU for the purposes of facilitating, administering, processing, dealing with and/or managing my Welfare Benefits application.
2. I agree and consent to be contacted by SIEU and its affiliated association or third-party service providers via email, text messages, fax and/or post for the purposes of facilitating, administering, processing, dealing with and/or managing my Welfare Benefits application.
3. I will inform SIEU immediately of any changes to my contact details and/or personal data in order that SIEU is able to contact me for all matters relating to the Welfare Benefits application.

Submitted By:

Branch Chairperson / Delegate

For Official Use Only

Received By : _____

Date : _____

Date Ordered : _____

Updated: 1 September 2019