SINGAPORE AIRPORT TERMINAL SERVICES WORKERS' UNION

SATS Inflight Catering Centre 1, 20 Airport Boulevard, Singapore 819659 Tel: 6542 8866 Fax: 6542 3818

CLAIM FOR BENEFIT UNDER THE WELFARE BENEFITS SCHEME

Membership/Staff No. ..... I/C No. .....

Name in Full .....
(In Block Letters)

Home Address .....

Date of Birth ..... Age ..... Marital Status .....

Present Employer ..... Date of Joining Employer .....

Department .....

DETAILS OF CLAIM

A. State Benefit:
(Medical/Natural Calamity/Death/Retirement)

.....
(Complete details overleaf)

B. Amount Claimed:

.....

C. Documents Attached In Support Of Claim:

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FOR OFFICE USE ONLY

Subscription paid up to: .....

No. of Months in Arrears: ..... Amount: $ .....

Remarks: .....

Claim Certified By: .....

Entry Posted By: .....

Payment Approved by General Secretary: .....

P. T. O.

1. FOR MEDICAL BENEFIT STATE:

Name of Hospital .....

From.....To..... (..... days)
(Give dates)

Amount Claimed: $.....Para No. .....

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2. FOR NATURAL CALAMITY BENEFIT STATE:

Date:.....

Nature of Natural Calamity:.....

Details of loss of Property:.....

Address: .....

Amount Claimed: $..... Para No. .....

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3. FOR DEATH BENEFIT STATE:

Name of Deceased:.....

Relationship of Deceased to Claimant:.....

Amount Claimed: $..... Para No. .....

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4. FOR RETIREMENT BENEFIT STATE:

Date of Retirement: .....

Date Joined Union:.....

Amount Claimed: $..... Para No. .....

I, the undersigned, hereby state that the particulars furnished by me hereinbefore are true and correct to the best of my knowledge.

Date:..... Signature:.....

$..... Received by:.....
(Signature)

Date: ....
(Name in Block Letters)

Witness:.....
(Signature)

..... NRIC No. .....
(Name in Block Letters)