



**dnata SINGAPORE STAFF UNION**

50 Airport Boulevard, Singapore 819658. Republic of Singapore  
Tel: 6511 0263, 6545 6670. Fax: 6545 6874. email: union@dnata.sg  
Website: www.dssu.org.sg

**Hospitalisation / Maternity Claim**

Division: \_\_\_\_\_

Ia Particulars of Member

Name of Member : \_\_\_\_\_

Address : \_\_\_\_\_ NRIC No: \_\_\_\_\_

\_\_\_\_\_ ( )

Tel No : \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (HP)

Period of Hospitalisation : \_\_\_\_\_ Medical Cert No: \_\_\_\_\_

From : \_\_\_\_\_ To \_\_\_\_\_

Birth Cert No: \_\_\_\_\_

I certify that the information in this application is true and complete in every respect.

\_\_\_\_\_  
Date of Claim

\_\_\_\_\_  
Signature of Member

II FOR OFFICE USED ONLY

Date Joined Union : \_\_\_\_\_

Arrears in Subs/Welfare Contributions from \_\_\_\_\_ to \_\_\_\_\_

No of Claims: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_

Checked By : \_\_\_\_\_ Verified by Treasurer : \_\_\_\_\_

The above member/claimant is/is not entitled to the claim.

Remarks: \_\_\_\_\_

III APPROVED BY  
APPROVED/NOT APPROVED

Date : \_\_\_\_\_

Signature : \_\_\_\_\_