



# 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

Page 1 of 1

## HOSPITALISATION BENEFIT CLAIM FORM

(Get-Well Fruit Basket)

Fax to SIEU : 63362008

**Use only BLOCK LETTERS**

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

Company : \_\_\_\_\_

Member's Name : Mr/Mdm/Ms \_\_\_\_\_

Member's NRIC : \_\_\_\_\_

Member's Contact No: \_\_\_\_\_

Hospital : \_\_\_\_\_

Block No : \_\_\_\_\_ Level No: \_\_\_\_\_ Ward No: \_\_\_\_\_ Bed No: \_\_\_\_\_

Others (Please specify): \_\_\_\_\_

\_\_\_\_\_

Submitted By

\_\_\_\_\_  
Shopsteward/Delegate

- **Please submit Hospitalisation (Recuperation) Benefit Claim Form if the above member is on hospitalisation leave more than 7 (seven) days.**

\_\_\_\_\_  
*For Office Use Only*

Received By : \_\_\_\_\_ Date / Time : \_\_\_\_\_

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

hospitalisationform\_sieu23062008.doc