



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

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HOSPITALISATION (RECUPERATION) BENEFIT CLAIM FORM

Fax to SIEU : 63362008

Use only BLOCK LETTERS

Member's Name : Mr/Mdm/Ms _____

Member's Mailing Address : _____

Member's NRIC No. : _____ Member's Contact No: _____

Company : _____

Name of Hospital : _____

Date of Admission : _____ Date of Discharge : _____

Total No.of Days Hospitalised: _____

Reason for Hospitalisation : _____

Submitted By

Member's Signature/Date

Shopsteward/Delegate

- **A copy of documents relating to the above hospitalisation must be submitted with this form.**
- **In the event a member is in hospitalisation leave for more than 7 days he/she shall be entitled to a payment of S\$50.00 for the purpose of recuperation.**

For Office Use Only

No.of Days: _____

Verified By: _____

Amount Payable: SGD \$ _____

Cheque No/Date: _____

Collection by Hand/Mail: _____
Date / Signature

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