

Did you remember.....

To submit the form to MYCG & Partners Pte Ltd (Email groupclaim@income.com.sg and cc claims@mycg.com.sg)

To submit the form to Temasek Polytechnic (TP) Student Services (Email: studentservices@tp.edu.sg)

NOTIFICATION OF ACCIDENT

TEMASEK POLYTECHNIC STUDENT GROUP PERSONAL ACCIDENT* INSURANCE FOR FULL-TIME (FT) & CET STUDENTS (AY2021/2022 – AY2022/2023)

To: **Ms Loh May Yee**
MYCG & Partners Pte Ltd
Tel: 8118 6924 / 9762 2062
Email: claims@mycg.com.sg

Copy To: **Ms Ong Wei Ling /**
Ms Shereen Pong
Student Services
Email: studentservices@tp.edu.sg

POLICY NUMBER (PLEASE TICK)

- [] 4000182832 Full-Time Student
[] 4000182841 CET/SGUS/SGUP-CT Student

POLICYHOLDER: TEMASEK POLYTECHNIC

Name of Insured Student	NRIC/FIN Number	Date of Birth
School/Course/Year of Study	Admission Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Accident	Date of Accident	Time of Accident
Nature of Injury	Event	
Description of Accident		
Contact Person <i>(Please specify the contact person for further clarifications)</i>	Telephone Number	Email

DECLARATION BY STUDENT/PROXY

I hereby declare that the above information provided is correct.

Name of Student/Proxy	Email	
Signature of Student/Proxy	Telephone Number	Date

TO BE COMPLETED BY TEMASEK POLYTECHNIC

I confirm that the injured person is a registered student of Temasek Polytechnic at the time the accident occurred. I have witnessed the declaration by the above Student/Proxy.

Name of TP Staff	Designation & Dept of TP Staff	Digital Signature
Email	Telephone Number	Date

(* Please refer to the 'Group Personal Accident Insurance Policy' for the terms and conditions of coverage and exclusion under your policy)