

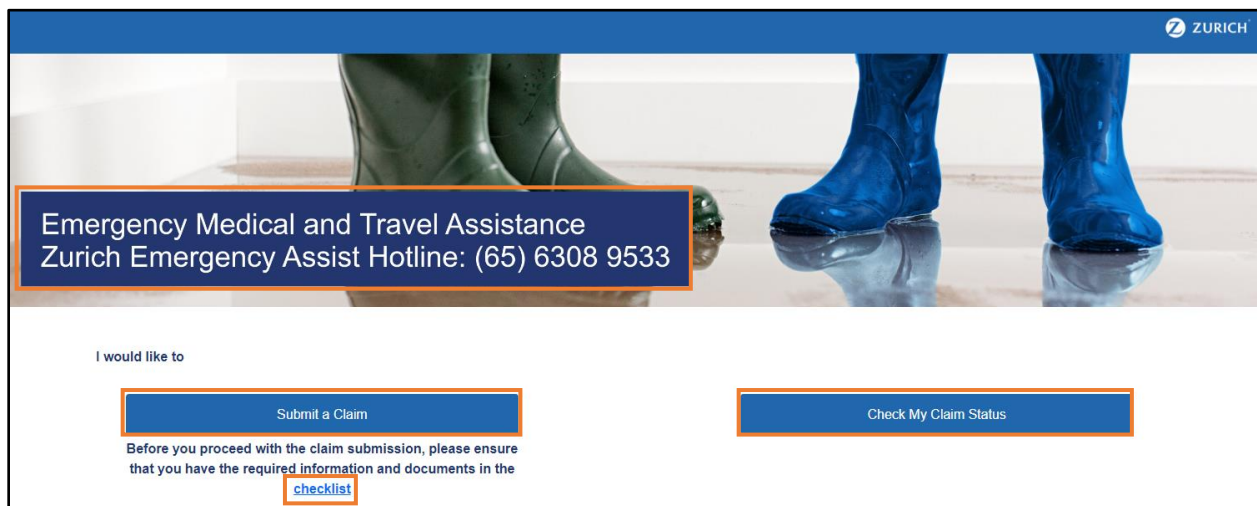
# ZURICH CUSTOMER PORTAL FOR CLAIM SUBMISSION

## Portal Link

[https://singapore.merimen.com/claims/index.cfm?fusebox=MTRCmt&fuseaction=client\\_portal&GCID=200800](https://singapore.merimen.com/claims/index.cfm?fusebox=MTRCmt&fuseaction=client_portal&GCID=200800)

## A. Home Page

- Options to 'Submit a Claim' or 'Check My Claim Status'
- Checklist of information and documents required depending on the claim type
- Hotline for Emergency Medical & Travel Assistance



## B. Select Policy & Claim Type

- Policy Type
  - Personal Accident
  - Travel (for both Business Travel and Overseas Secondment)
- Claim Type (multiple selections allowed)
  - Personal Accident
    - Accidental Death/Permanent Disablement
    - Medical Expense/Benefit
  - Travel
    - Accidental Death/Permanent Disablement
    - Medical Expense/Benefit
    - Travel Inconvenience Related Expense
    - Travel Delay/Misconnection/Diversion
    - Baggage Loss/Damage Related Expense
    - Baggage Delay

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### Submit a Claim

● ○ ○ ○ ○ ○  
Select Policy and Claim Type

Please Select the Policy Type

|   |  |
|---|--|
| Personal Accident<br>(Policy No. starting with ZZG) | Travel<br>(Policy No. starting with TTT, TAT or TZT) |
|---|--|

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### Submit a Claim

● ○ ○ ○ ○ ○  
Select Policy and Claim Type

Please Select the Policy Type

|   |  |
|---|--|
| Personal Accident<br>(Policy No. starting with ZZG) | Travel<br>(Policy No. starting with TTT, TAT or TZT) |
|---|--|

Please select the Claim Type (you may select more than one option)

|  |                             |
|--|-----------------------------|
| Accidental Death/<br>Permanent Disablement | Medical<br>Expense/ Benefit |
|--|-----------------------------|

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### Submit a Claim

● ○ ○ ○ ○ ○  
Select Policy and Claim Type

Please Select the Policy Type

|   |  |
|---|--|
| Personal Accident<br>(Policy No. starting with ZZG) | Travel<br>(Policy No. starting with TTT, TAT or TZT) |
|---|--|

Please select the Claim Type (you may select more than one option)

|  |   |
|--|---|
| Accidental Death/<br>Permanent Disablement | Medical<br>Expense/ Benefit               |
| Travel<br>Inconvenience Related Expense    | Travel<br>Delay/ Misconnection/ Diversion |
| Baggage<br>Loss/ Damage Related Expense    | Baggage Delay                             |

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## C. Personal Information

### ➤ Particulars of Policyholder

- Policyholder Name
- Policy No.

### ➤ Particulars of Claimant


- Claimant Name (Employee)
- Dependent Name (if Dependent is the Claimant)
- Identity Card/Passport No.
- Gender
- Date of Birth
- Contact No.
- Email Address

### ➤ Bank Account Details

- Name of Bank Account Holder
- Name of Bank
- Bank Account No.
- Bank Code

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### Submit a Claim

  
Personal Information

**Particulars of Policyholder**

|                                |                      |
|--------------------------------|----------------------|
| Policyholder's (Company) Name* | Policy No.*          |
| <input type="text"/>           | <input type="text"/> |

**Particulars of Claimant**

|   |   |
|---|---|
| Claimant's (Employee) Name*                                     | Dependent's Name (if Dependent is the Claimant) |
| <input type="text"/>  | <input type="text"/>                            |
| <small>Please leave this field blank if not applicable.</small> |   |
| Identity Card/Passport No.*                                     | Gender*   |
| <input type="text"/>  | <input type="text"/>                            |
| Date of Birth*  | Contact No.*                                    |
| <input type="text"/>  | <input type="text"/>                            |

Email Address\*

**Bank Account Details (Singapore Bank Account Only)**

|  |                             |
|--|-----------------------------|
| Name of Beneficiary (bank account holder)* | Name of Bank*               |
| <input type="text"/>                       | <input type="text"/>        |
| Bank Account Number*                       | Bank Code (4 digit number)* |
| <input type="text"/>                       | <input type="text"/>        |

## D. Claim Information

- Questionnaire(s) will be generated based on the claim type(s) selected
- Example of Personal Accident – Medical Expense/Benefit questionnaire

The screenshot displays the 'Submit Claims' interface. At the top left is a 'Back' button and at the top right is the Zurich logo. The main heading is 'Submit Claims'. Below it is a progress indicator with four steps, the second of which is 'Claim Information'. The form is divided into two main sections: 'Details of Accident' and 'COVERS'. The 'Details of Accident' section includes fields for 'Country/City of Accident\*', 'Date of Occurrence\*', 'Description of Accident\*', a dropdown for 'Are you covered by other insurance policy(s) for this incident? \*', and another dropdown for 'Have you or the Claimant ever had previous claims on the same injury or a similar condition?'. The 'COVERS' section includes a sub-heading 'Medical Expense/Benefit', fields for 'Location of Accident\*', 'Nature of Injury\*', and 'Amount to be Claimed (SGD)\*'. At the bottom of the 'COVERS' section are 'Back' and 'Next' buttons.

## E. Upload Documents

- Checklist provided for reference
- File Description – Enter description of document (e.g. medical bill)
- Click 'Drag and drop a file here or click' to access system directory to retrieve document for upload
- Click 'Add Another File' for additional upload entry
- Acceptable formats – doc, docx, rtf, txt, xls, xlsx, ppt, pptx, pdf, gif, jpe, jpeg, jpg, png, tif, tiff

Back ZURICH

### Submit Claims

Upload Documents

Click [here](#) for the Document Checklist

Please upload the supporting documents here (Max size per file is 6 MB):

File Description

Drag and drop a file here or click

Back
Add Another file
Next

## F. Confirmation

- Summary of details entered and documents uploaded
- Claimant can go 'Back' to amend earlier sections if any of the details were entered incorrectly
- Click on 'Declaration and Authorization Notice' to read the clauses
- Claimant will need to check the box to agree to the Declaration and Authorization Notice before he/she is able to 'Submit'

Back ZURICH

### Submit Claims

Confirmation

**Claims Submission**

**Claim Type(s)**

Medical Expense/  
Benefit

**Particulars of Policyholder**

|  |                           |
|--|---------------------------|
| Policyholder's (Company) Name<br>Company A | Policy No<br>ZZG8000123SN |
|--|---------------------------|

**Particulars of Claimant**

|  |                         |
|--|-------------------------|
| Claimant's (Employee) Name<br>Employee A | Dependent's Name        |
| Identity Card/Passport No.<br>S1234567Z  | Gender<br>Male          |
| Date of Birth<br>26/06/1987              | Contact No.<br>98765432 |

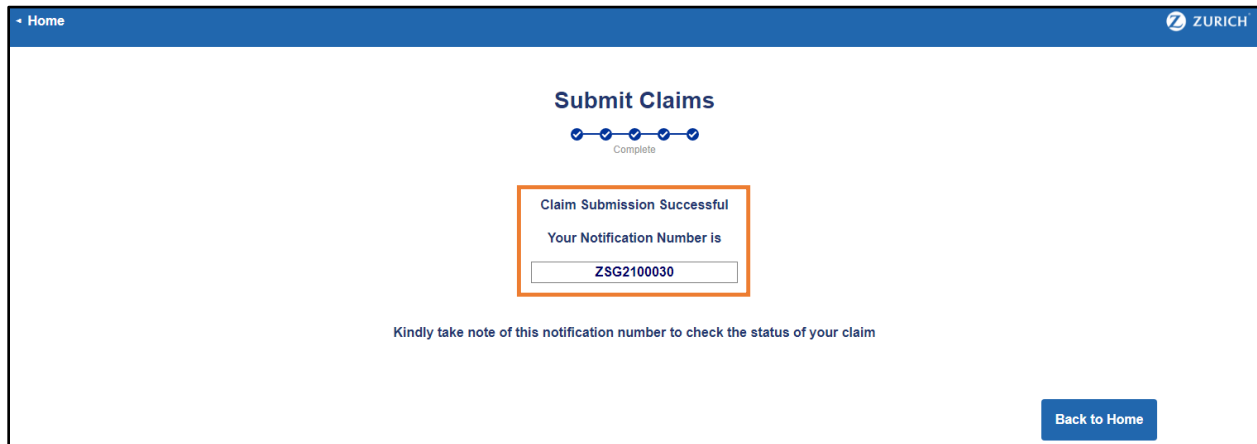
|  |                                    |
|--|------------------------------------|
| Email Address<br>abc@company.com   |                                    |
| <b>Bank Account Details (Singapore Bank account only)</b>  |                                    |
| Name of Beneficiary (bank account holder)<br>Employee A  | Name of Bank<br>OCBC               |
| Bank Account Number<br>111111111111  | Bank Code (4 digit number)<br>1234 |
| <b>Details of Accident</b>   |                                    |
| Country/City of Accident<br>Singapore  | Date of Occurrence<br>11/11/2021   |
| Description of Accident<br>Sprain ankle while playing basketball                                   |                                    |
| Are you covered by other insurance policy(s) for this incident?<br>No                              |                                    |
| Have you or the Claimant ever had previous claims on the same injury or a similar condition?<br>No |                                    |
| <b>COVERS</b>  |                                    |
| <b>Medical Expense/Benefit</b>   |                                    |
| Location of Accident<br>Community centre   | Nature of Injury<br>Sprain ankle   |
| Amount to be Claimed (SGD)<br>150.00   |                                    |

|   |               |
|---|---------------|
| <b>Uploaded Documents</b>   |               |
| 1. <a href="#">Medical bill</a>   |               |
| <input type="checkbox"/> I have read and agreed to the terms of this <b>Declaration and Authorization Notice</b> .<br>For the avoidance of doubt, I/we consent to the processing of my personal data by the Company and applicable parties. |               |
| <b>Back</b>   | <b>Submit</b> |

|  |  |
|--|--|
| <b>Declaration and Authorization Notice</b>  |  |
| <ul style="list-style-type: none"> <li>I / We hereby declare that all the information and particulars given above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.</li> <li>I / We hereby acknowledge, consent and agree that -           <ul style="list-style-type: none"> <li>(i) Zurich Insurance Company Ltd (the "Company") and/or other applicable parties may collect, use and disclose all personal data provided or as may be provided by me/us and through other sources as the Company deem relevant from time to time for the purposes as contemplated in your claim application to us, including but not limited to policy servicing, processing, handling administering, claims investigations, claims analysis, fraud evaluation, prevention and control, and/or any work put towards settling my/our claim with the Company or other insurers or other applicable parties;</li> <li>(ii) the Company may disclose the personal data to third parties (whether within or outside Singapore) including but not limited to consultants, fraud detection agencies, the General Insurance Association and its members, regulators, law enforcement bodies and government agencies and/or authorities for the purposes as set out in your claim application to us;</li> <li>(iii) the personal data protection clauses herein ("DPC") are not exhaustive. I/we declare that I/we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at <a href="https://www.zurich.com.sg/en/services/personal-data-protection-policy">https://www.zurich.com.sg/en/services/personal-data-protection-policy</a> ("Data Protection Policy") which is to be read together with the DPC. If there is any discrepancy between the DPC and the Data Protection Policy, the DPC shall prevail only to the extent of the discrepancy;</li> <li>(iv) If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to the Company, I / we represent and warrant to the Company that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and</li> <li>(v) I/We shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.</li> </ul> </li> <li>I/We hereby authorize physician, medical practitioners, hospital, clinics by whom or where I / we have been observed or treated to give full particulars about my/our health to the Company, including prior medical history.</li> <li>I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company.</li> </ul> |  |
| CLOSE  |  |

## G. Completion

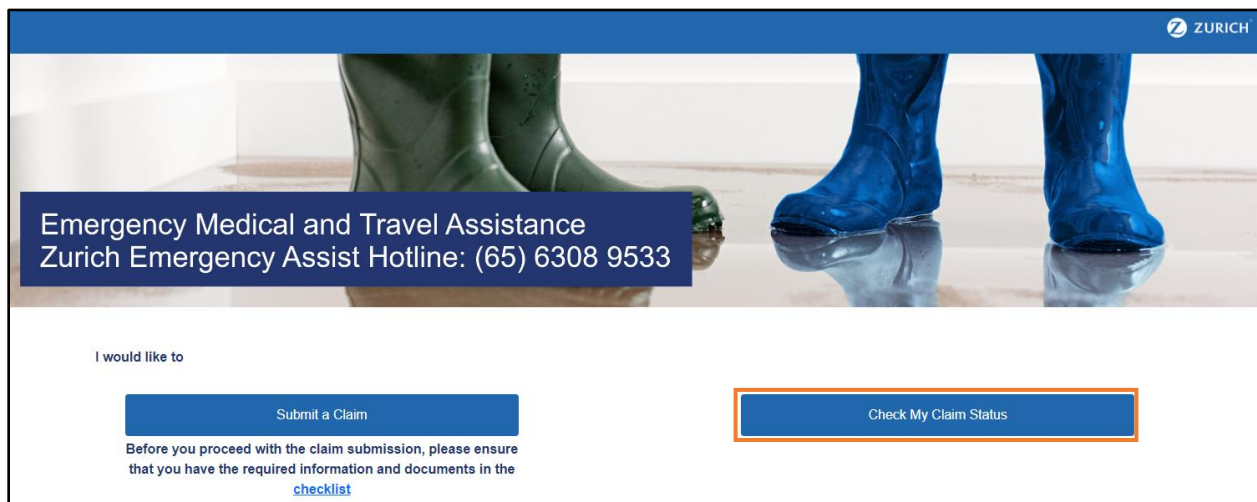
- Notification No. will be generated
- Claimant will also receive an acknowledgement email sent to the email address entered at the Personal Information section



The screenshot shows the 'Submit Claims' page on the Zurich website. At the top, there is a blue navigation bar with 'Home' and the Zurich logo. The main heading is 'Submit Claims' with a progress indicator showing four steps, the last of which is 'Complete'. A central orange-bordered box contains the text: 'Claim Submission Successful', 'Your Notification Number is', and a text box containing 'ZSG2100030'. Below this, a message reads: 'Kindly take note of this notification number to check the status of your claim'. A 'Back to Home' button is located in the bottom right corner.

## H. Check Claim Status

- Click 'Check My Claim Status' on the Home Page
- Enter Claimant Name (depending on whether Claimant is Employee or Dependent)
- Enter Notification or Zurich Ref No.
- Summary of claim details and documents uploaded will be generated
- Claimant can check the status at the top of the page or upload additional supporting documents
- Types of Status – Pending Insurer Assessment, Pending Additional Information, Pending for Payment, Settled



The screenshot shows the Zurich website home page. At the top, there is a blue navigation bar with the Zurich logo. Below the navigation bar is a banner image of two pairs of rain boots (one green, one blue) on a reflective surface. A dark blue banner overlaid on the image contains the text: 'Emergency Medical and Travel Assistance' and 'Zurich Emergency Assist Hotline: (65) 6308 9533'. Below the banner, there is a section titled 'I would like to' with two buttons: 'Submit a Claim' and 'Check My Claim Status'. The 'Check My Claim Status' button is highlighted with an orange border. Below the buttons, there is a note: 'Before you proceed with the claim submission, please ensure that you have the required information and documents in the [checklist](#)'.

Home ZURICH

### Check Claims Status

**Claimant's Name (as per submission)\***  
If Dependent is the Claimant, please enter Dependent's name under Claimant's Name (as per submission)

**Notification/ Claim No.\***

[Next](#)

Home ZURICH

### Claim Details for ZSG2100030

Pending Insurer Assessment

**Claims Submission**

**Claim Type(s)**

Medical Expense/  
Benefit

**Particulars of Policyholder**

|  |                           |
|--|---------------------------|
| Policyholder's (Company) Name<br>Company A | Policy No<br>ZZG8000123SN |
|--|---------------------------|

**Particulars of Claimant**

|  |                  |
|--|------------------|
| Claimant's (Employee) Name<br>Employee A | Dependent's Name |
| Identity Card/Passport No.<br>S1234567Z  | Gender<br>Male   |

**Uploaded Documents**

- [Medical bill](#)

Please upload the additional supporting documents:

File Description

Drag and drop a file here or click

[Upload more files](#)
[Update & Back to Home](#)

## Assistance & Support

Policy & Claim Enquiry – Email to Howden GPA Claims Servicer @ [WanLin.Tan@howdengroup.com](mailto:WanLin.Tan@howdengroup.com)

Technical Support on Zurich's Claims Portal – Email to [sg-support@merimen.com](mailto:sg-support@merimen.com)