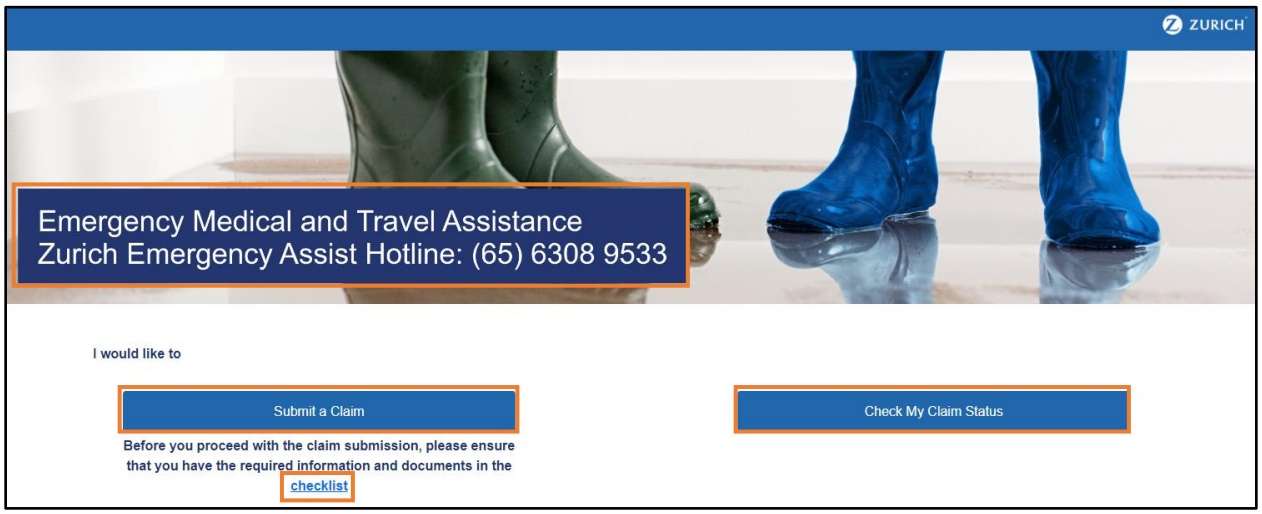
# ZURICH CUSTOMER PORTAL FOR CLAIM SUBMISSION

## Portal Link

*https://singapore.merimen.com/claims/index.cfm?fusebox=MTRCmt&fuseaction=client_portal&GCOID=200800*

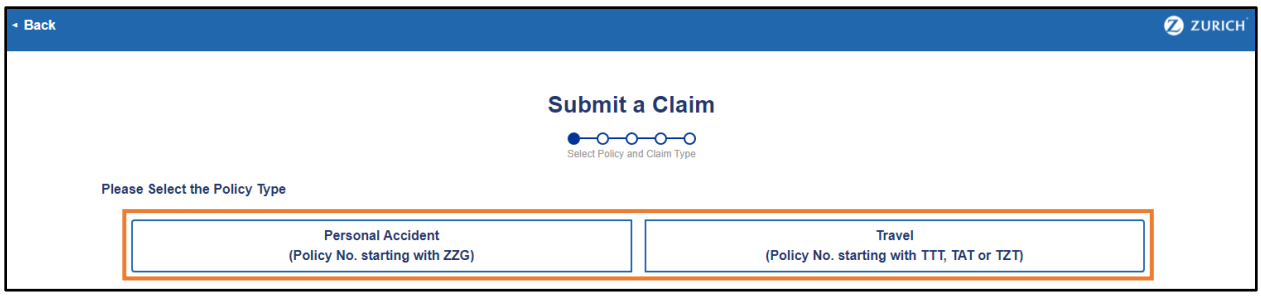
## A. Home Page

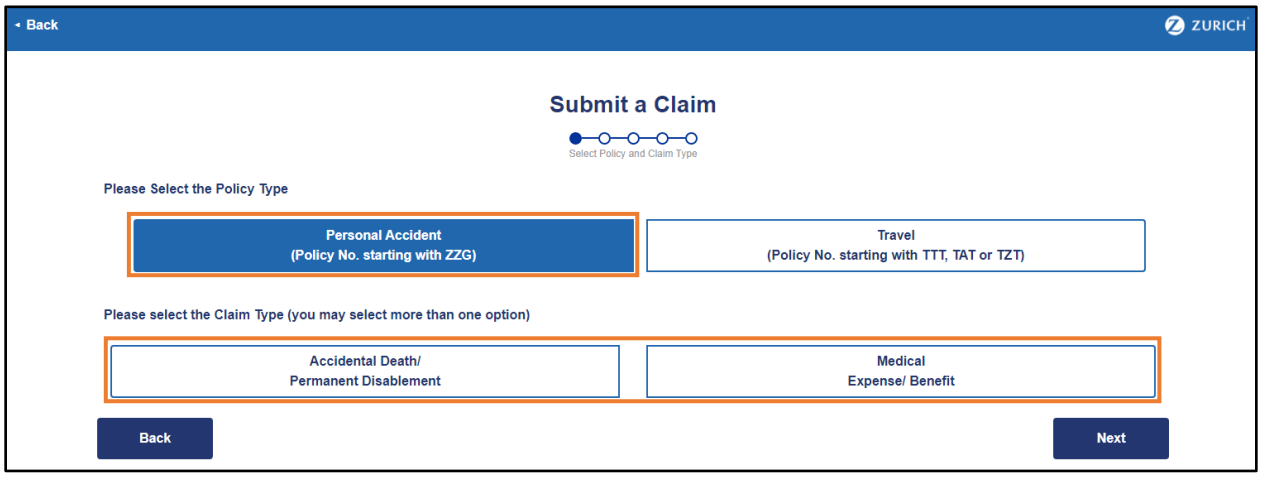
- Options to 'Submit a Claim' or 'Check My Claim Status'
- Checklist of information and documents required depending on the claim type
- Hotline for Emergency Medical & Travel Assistance




## 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


Back
ZURICH
Submit a Claim
Select Policy and Claim Type
Please Select the Policy Type
Personal Accident
(Policy No. starting with ZZG)
Travel
(Policy No. starting with TTT, TAT or TZT)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ZURICH
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Please Select the Policy Type
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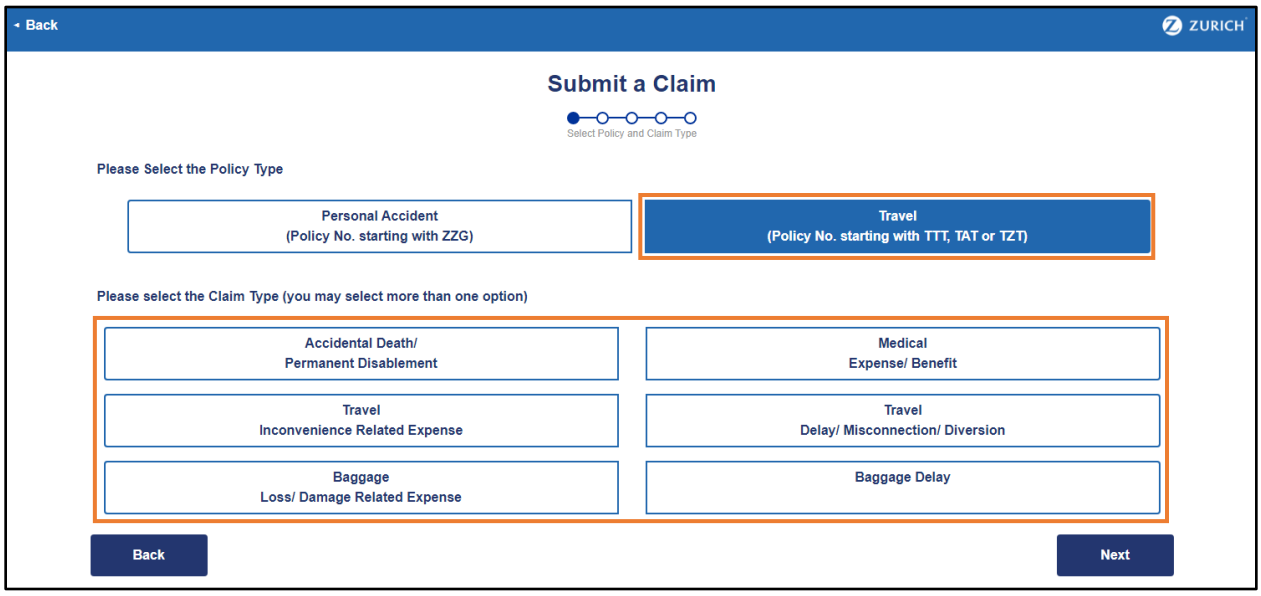
Please select the Claim Type (you may select more than one option)
Accidental Death/
Permanent Disablement
Medical
Expense/ Benefit
Back
Next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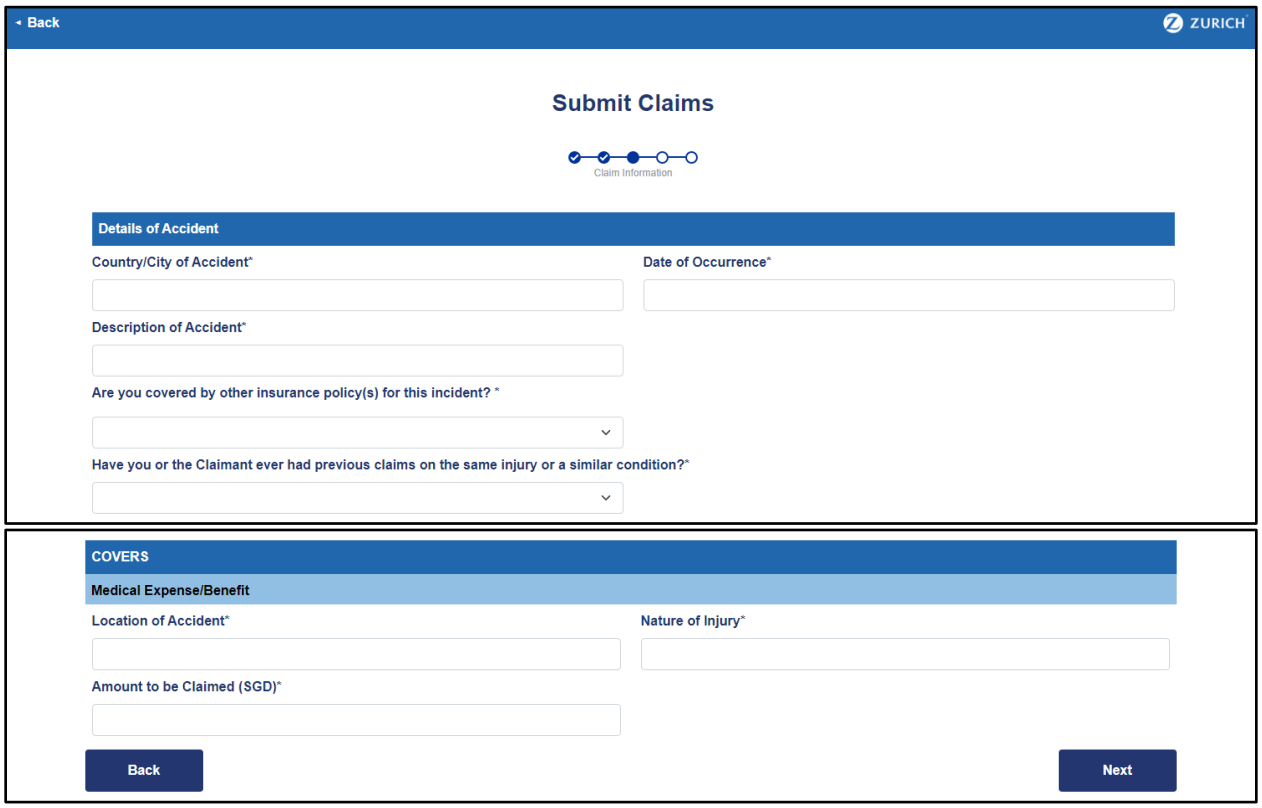
Travel
Inconvenience Related Expense
Travel
Delay/ Misconnection/ Diversion
Baggage
Loss/ Damage Related Expense
Baggage Delay
Back
Next

## 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

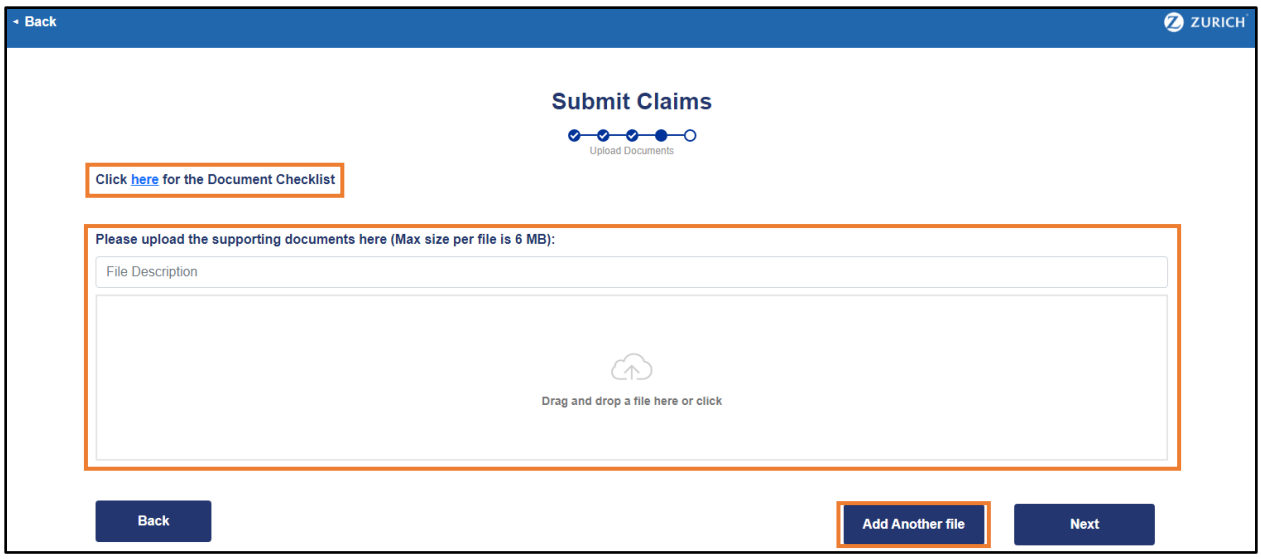
## D. Claim Information

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



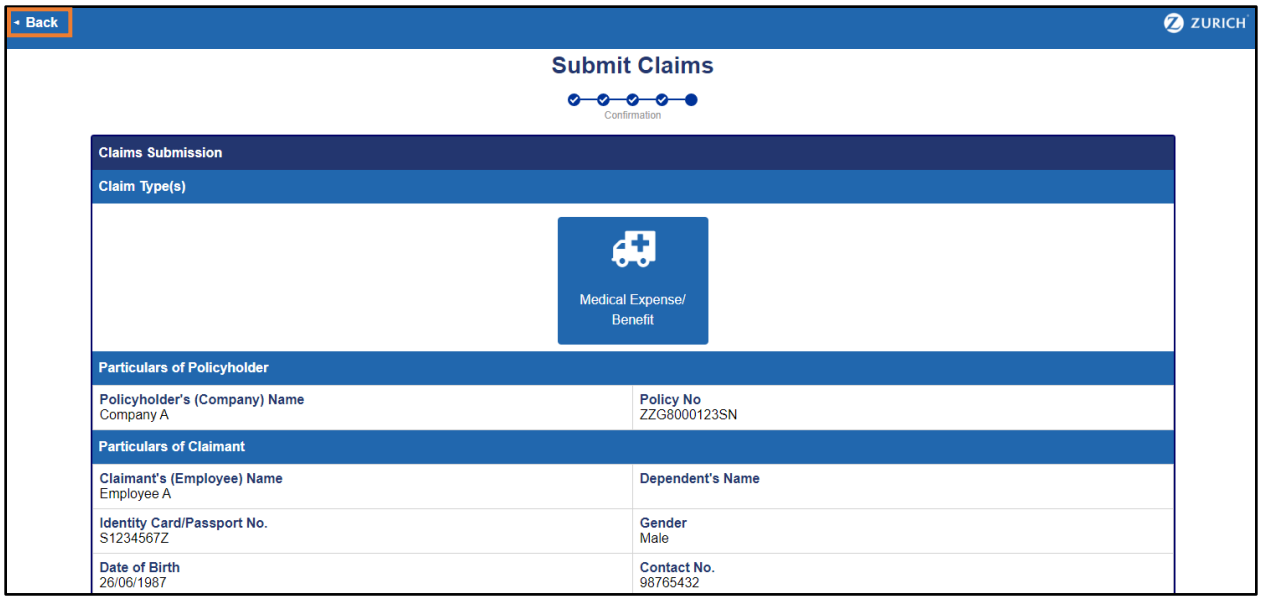

## E. Upload Documents

- 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




## 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'



| | |
|---|---|
| **Email Address**<br>abc@company.com | |
| **Bank Account Details (Singapore Bank account only)** | |
| **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 |
| **Details of Accident** | |
| **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 | |
| **COVERS** | |
| **Medical Expense/Benefit** | |
| **Location of Accident**<br>Community centre | **Nature of Injury**<br>Sprain ankle |
| **Amount to be Claimed (SGD)**<br>150.00 | |

**Uploaded Documents**

1. Medical bill

☐ I have read and agreed to the terms of this **Declaration and Authorization Notice.**
For the avoidance of doubt, I/we consent to the processing of my personal data by the Company and applicable parties.

**Back** **Submit**

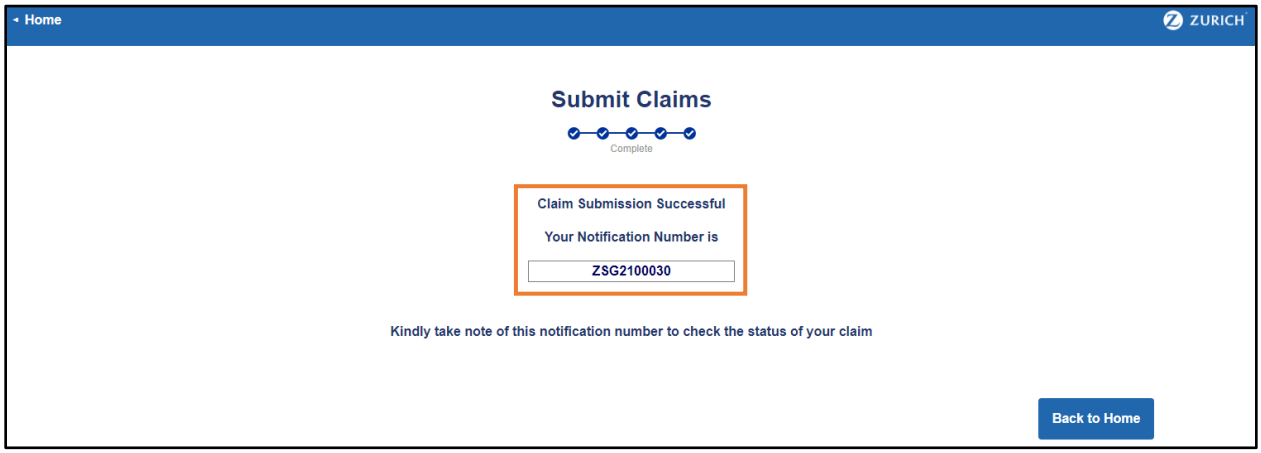
**Declaration and Authorization Notice**

- 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.
- I / We hereby acknowledge, consent and agree that -
  - (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;
  - (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;
  - (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 https://www.zurich.com.sg/en/services/personal-data-protection-policy ("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;
  - (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
  - (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.
- 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.
- 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.

CLOSE

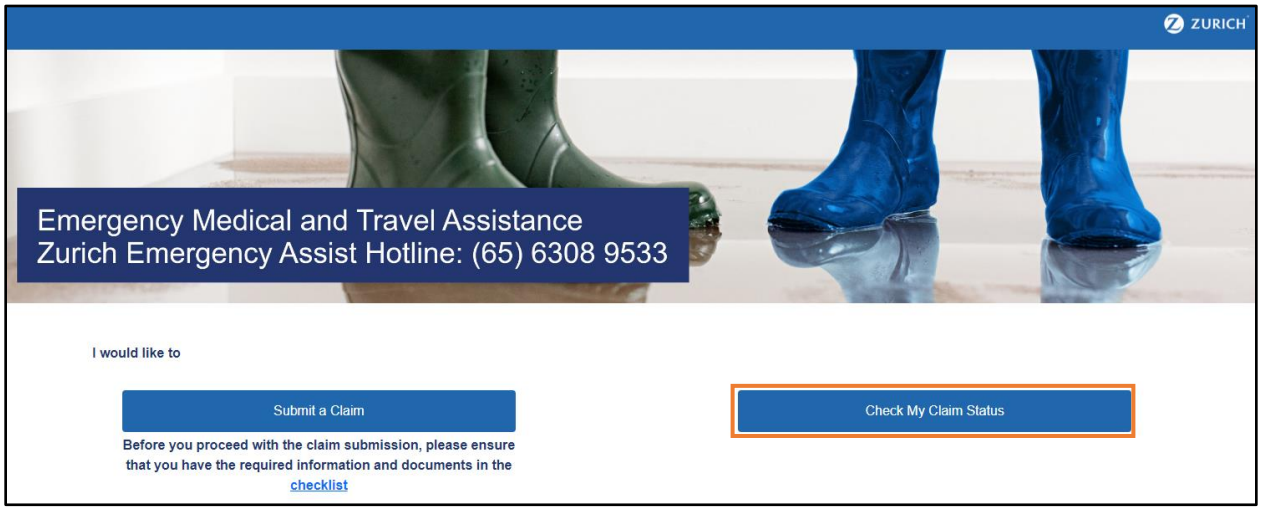
## G. Completion

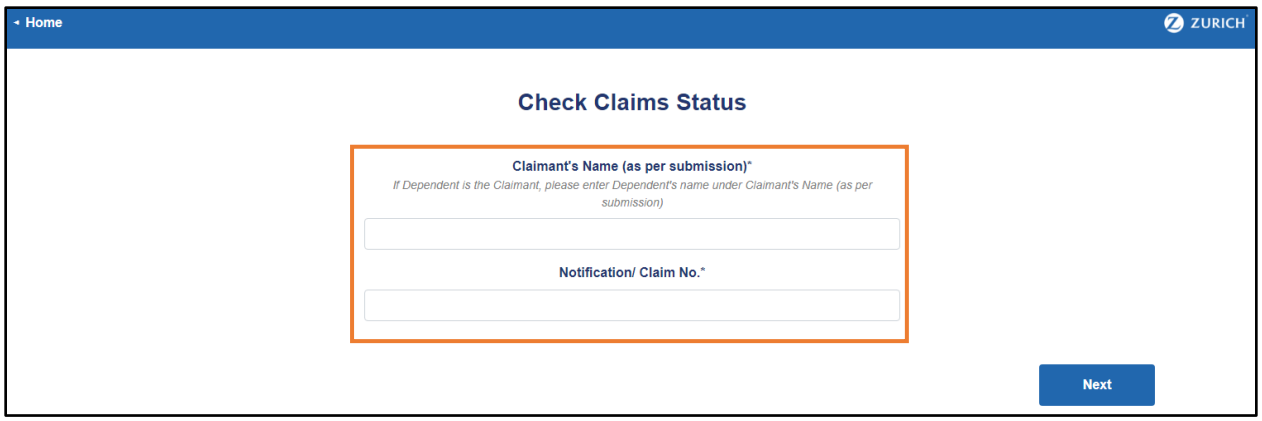
- Notification No. will be generated
- Claimant will also receive an acknowledgement email sent to the email address entered at the Personal Information section

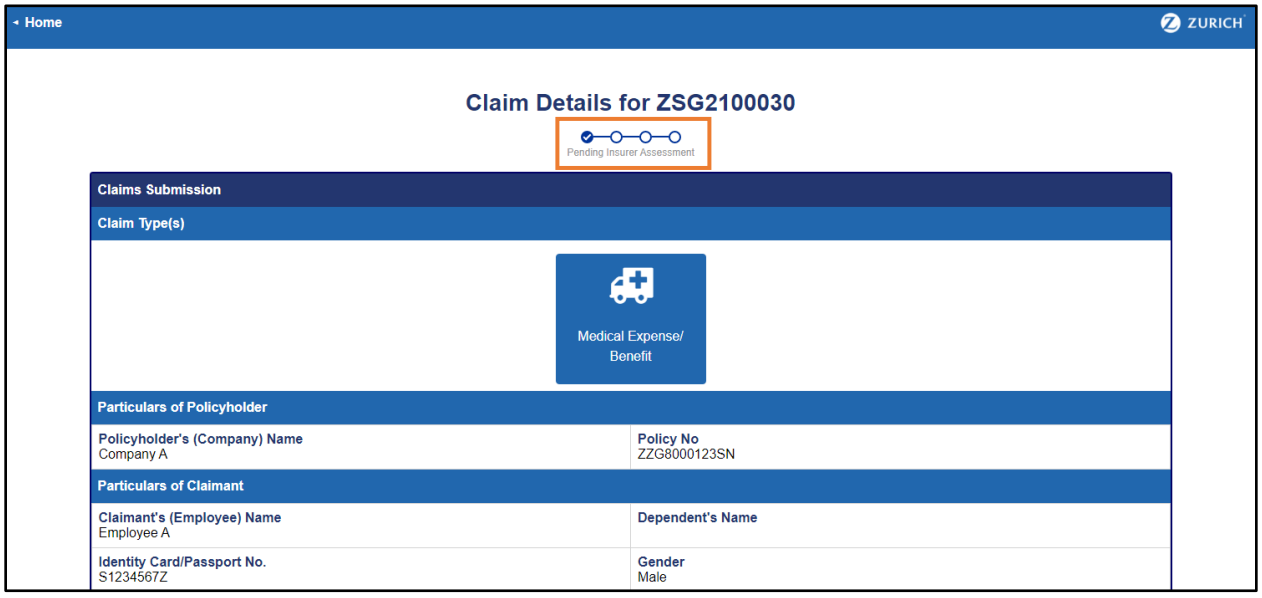


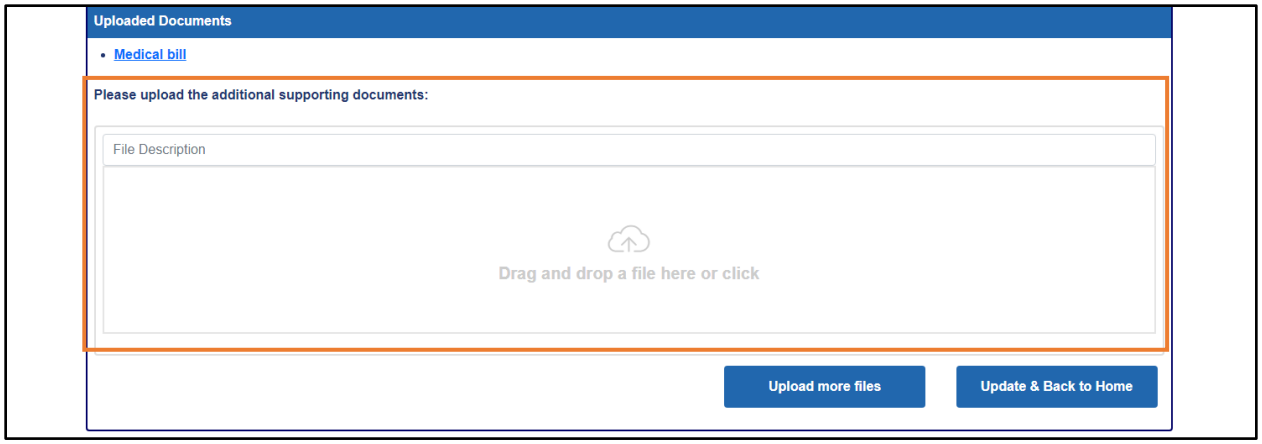

## H. Check Claim Status

- 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






## Assistance & Support

Policy & Claim Enquiry – Email to Howden GPA Claims Servicer @ WanLin.Tan@howdengroup.com

Technical Support on Zurich's Claims Portal – Email to sg-support@merimen.com