



HEALTHIER, LONGER,
BETTER LIVES

AIA+ Web User Guide

Updated 21 July 2025

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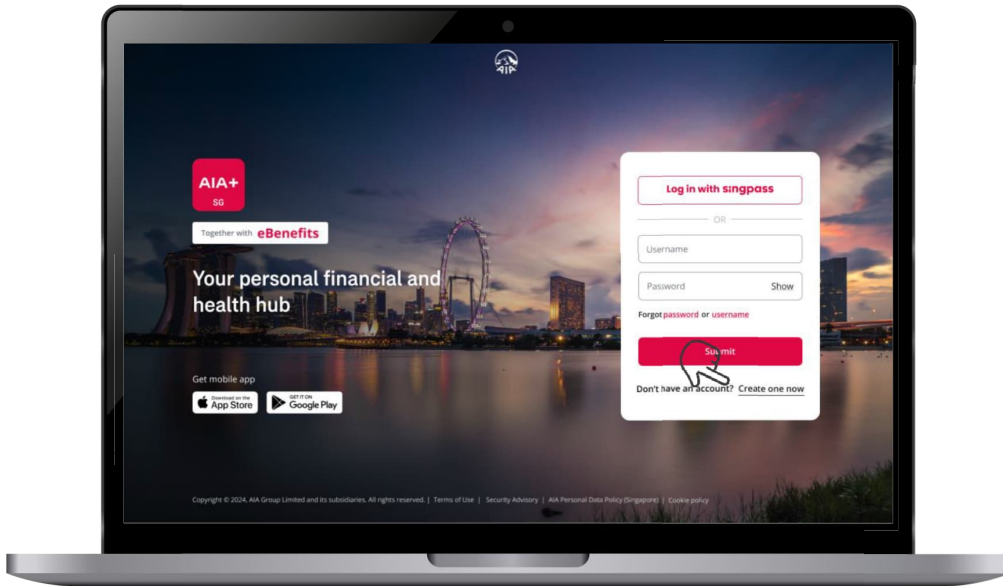
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[Account setup](#) | [Link your polic\(ies\)](#) | [Login to AIA+](#)

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Account setup

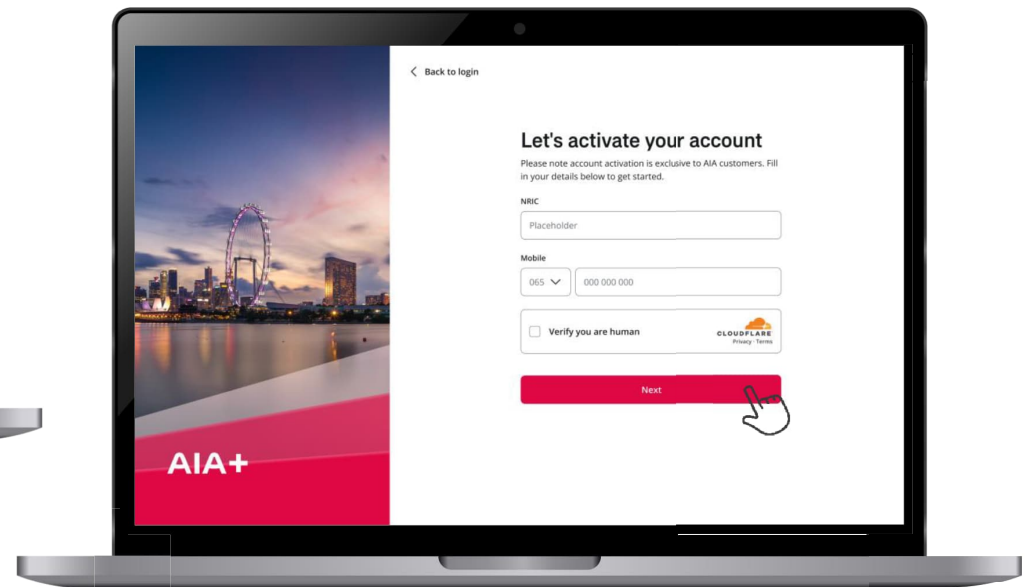


01

Select Create one now

02

Activate your account



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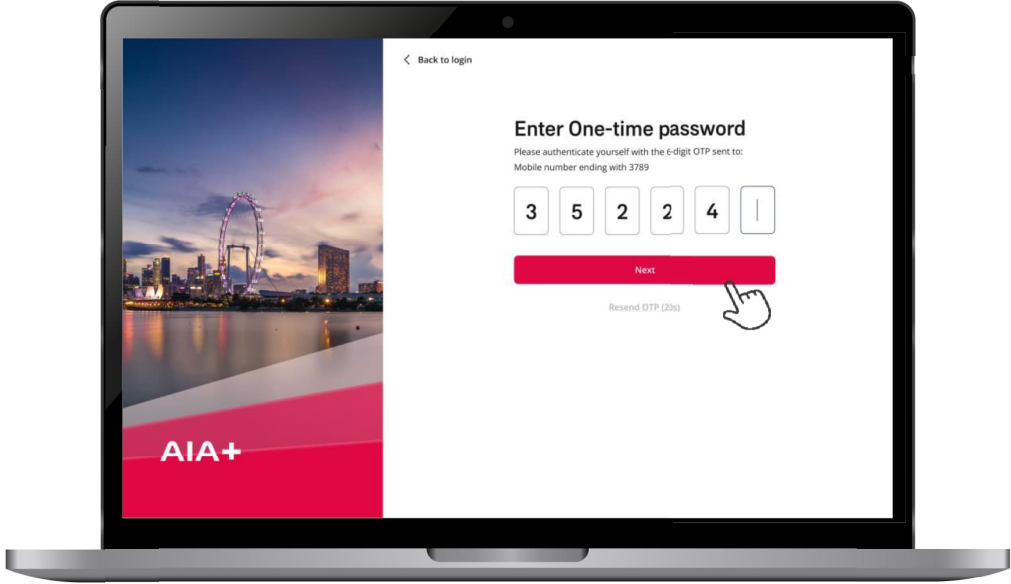
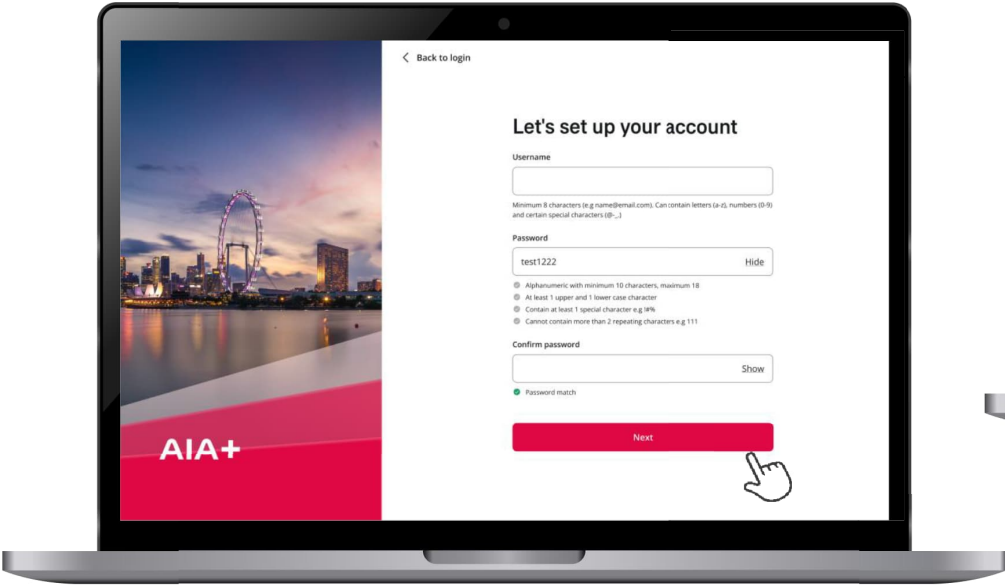


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Account setup

03 Setup your account

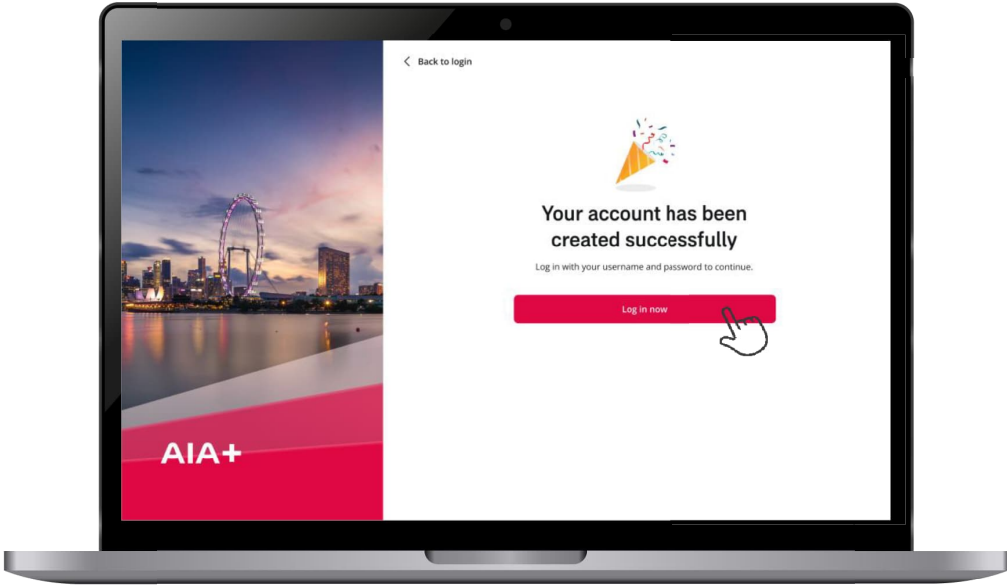


02 Enter your One Time Password (OTP)



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Account setup



05

You have successfully created your account

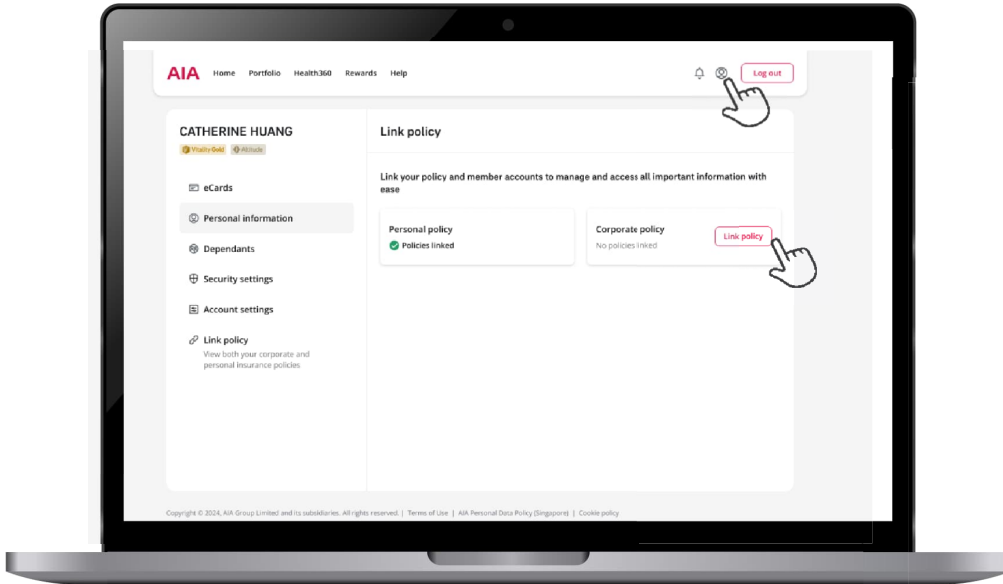
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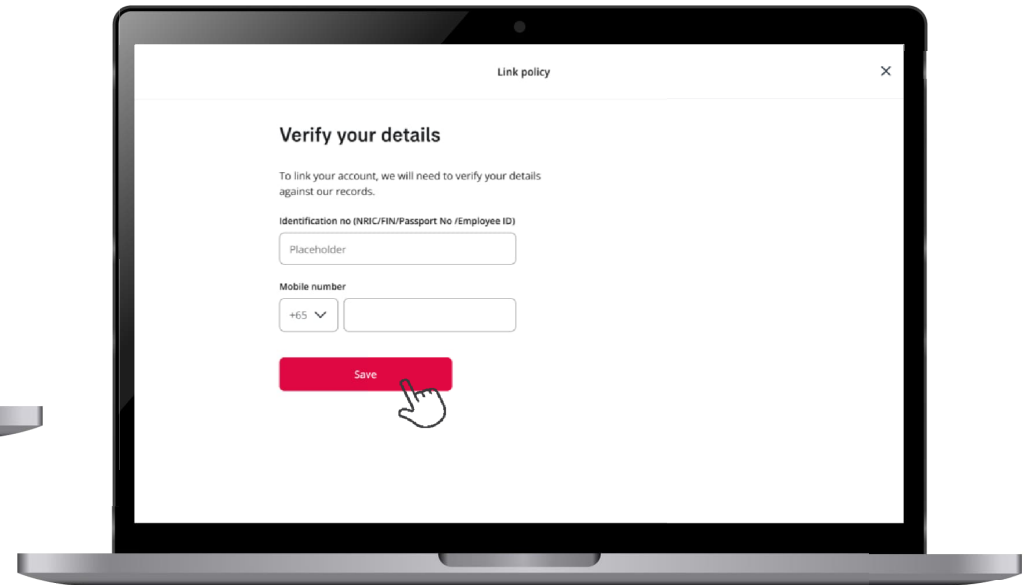
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Link your polic(ies) - Corporate



01 Link your corporate policy

02 Let us know who you are



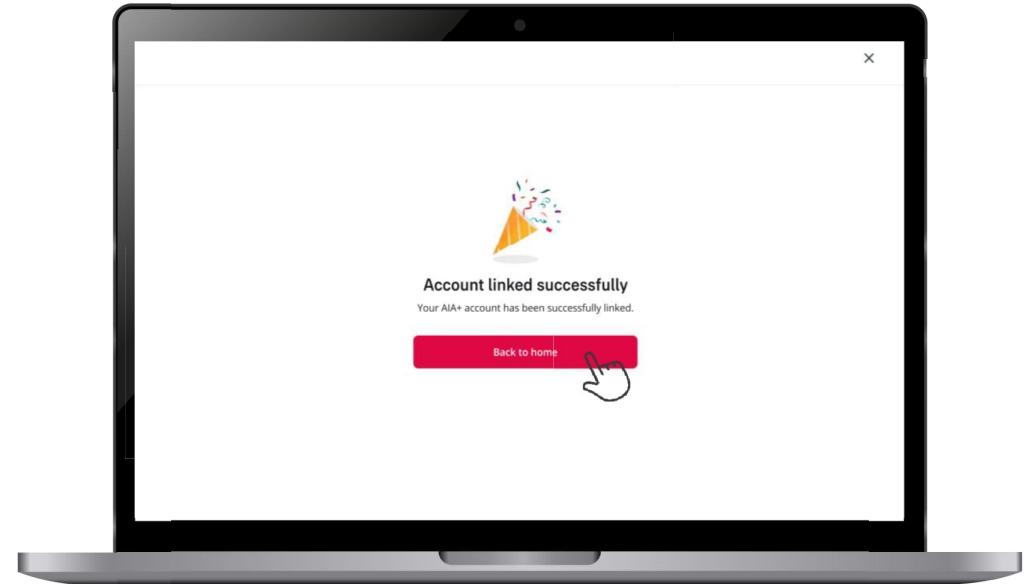
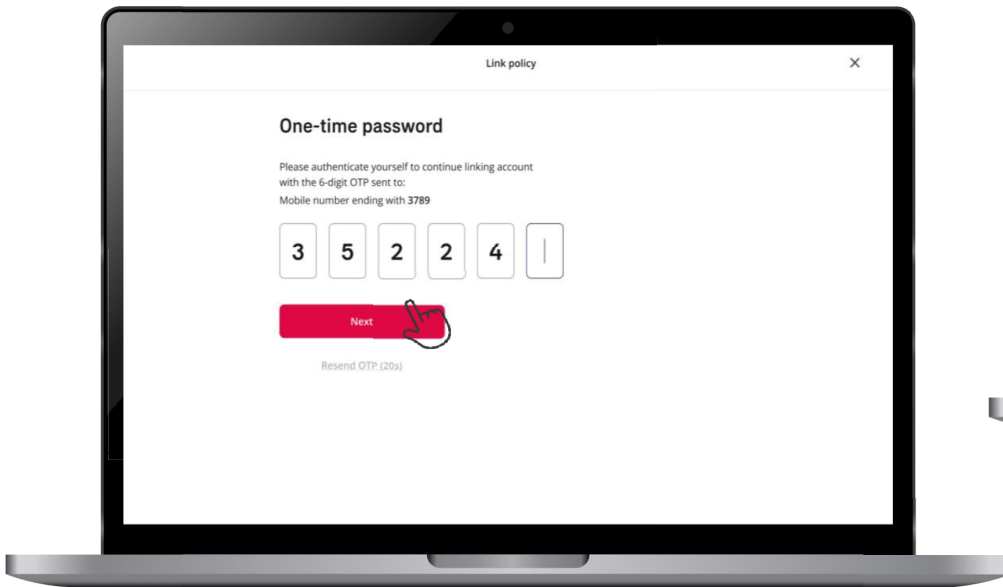
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Link your polic(ies) - Corporate

03

Enter your One Time Password (OTP)



04

You have successfully linked your account



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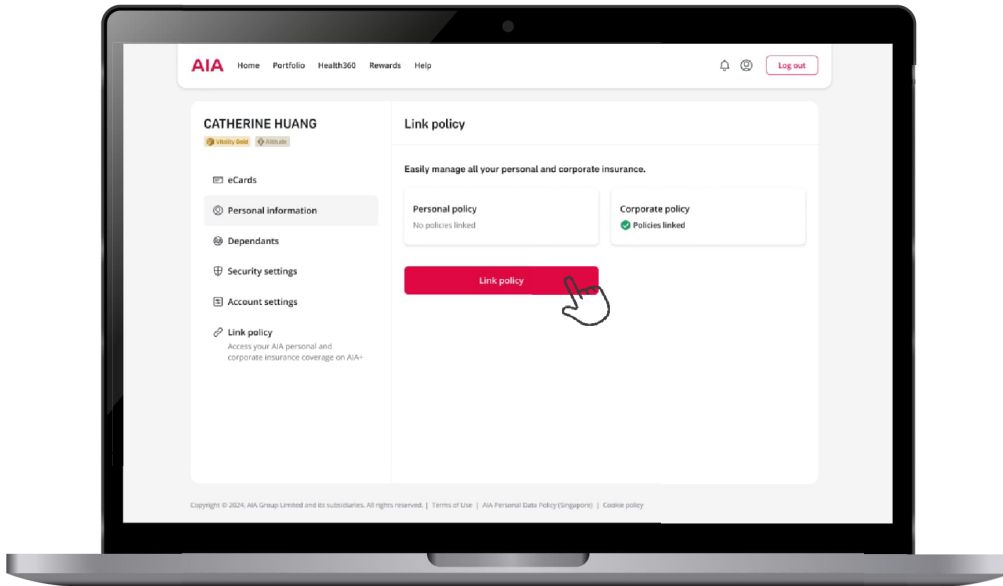
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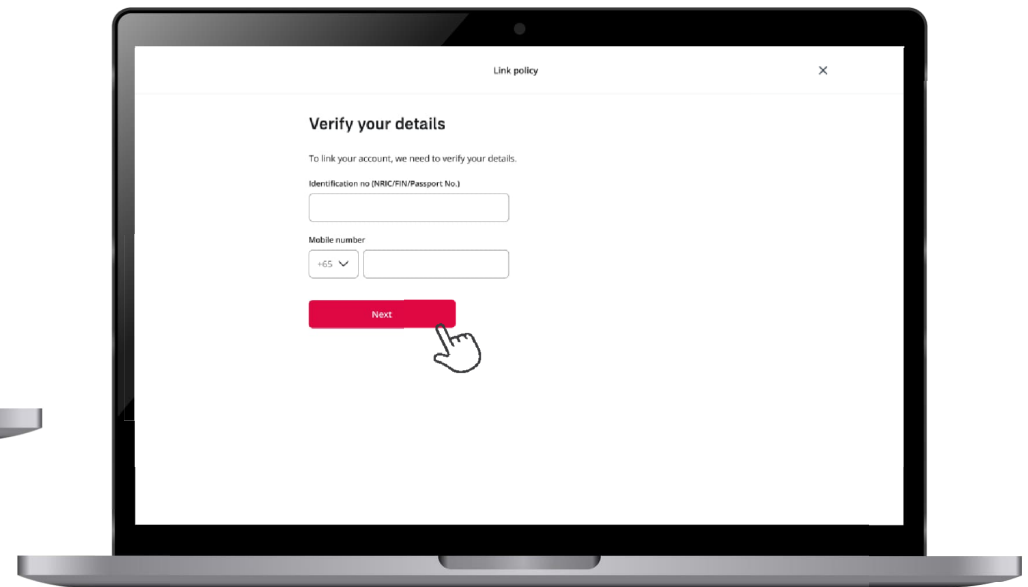


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Link your polic(ies) - Life



02 Let us know who you are (Skip to Step 4 if NRIC / DOB / Mobile Match)



01 Link your Life policy



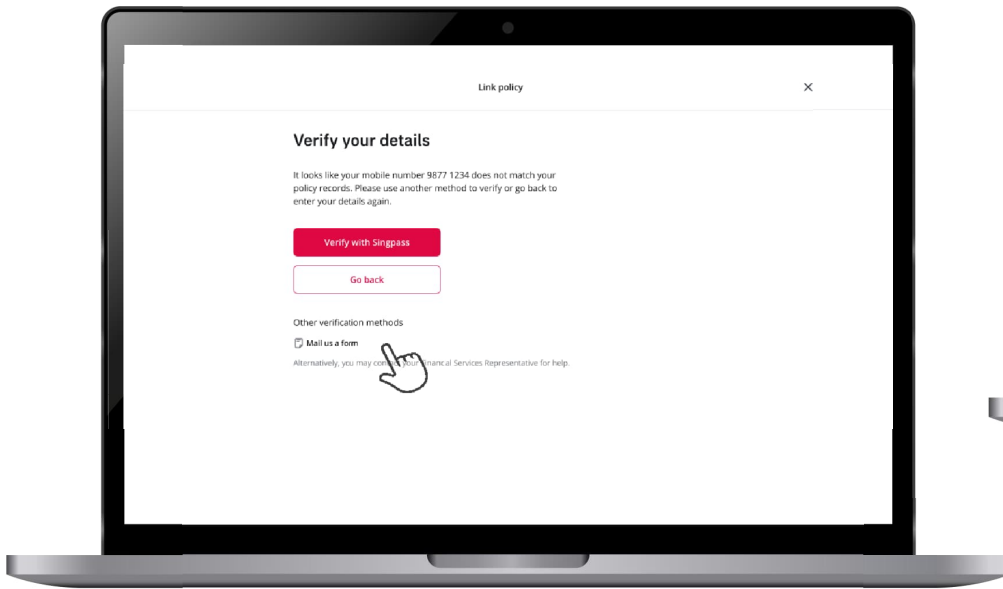
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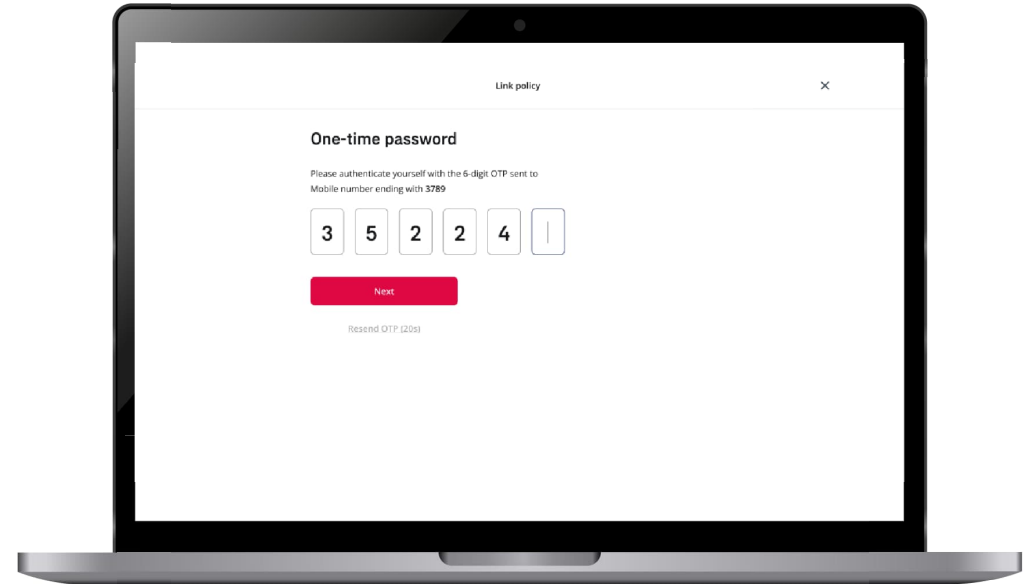
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Link your polic(ies) - Life

03 Verify with Singpass



If your details does not match, verify using Singpass



04 Enter your One Time Password (OTP)

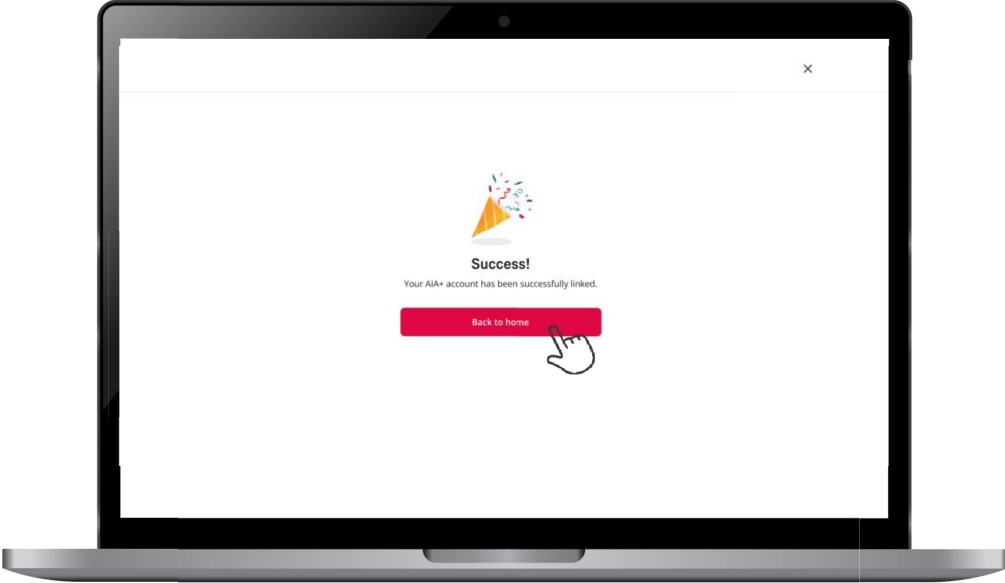


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Link your polic(ies) - Life



05

You have successfully linked your account

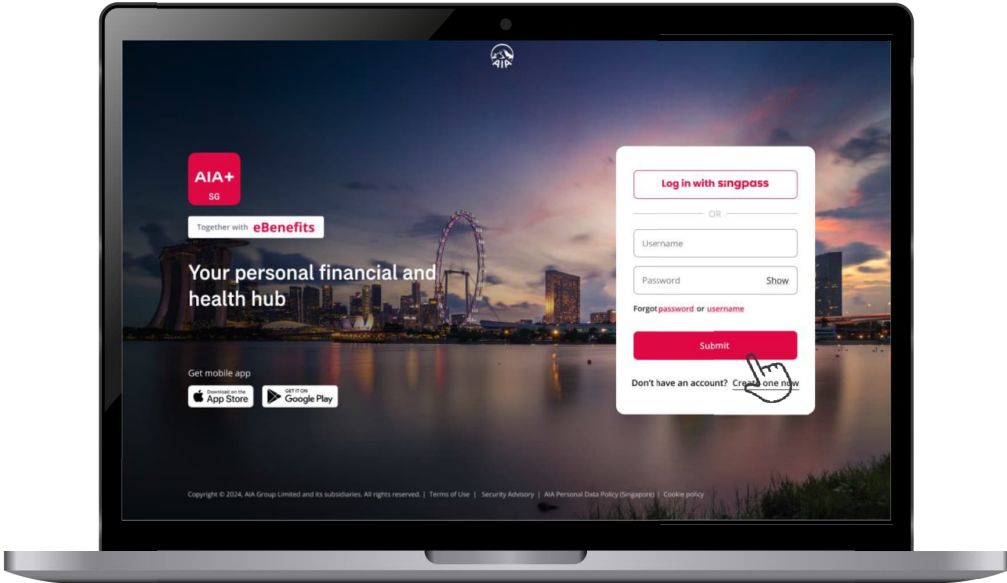
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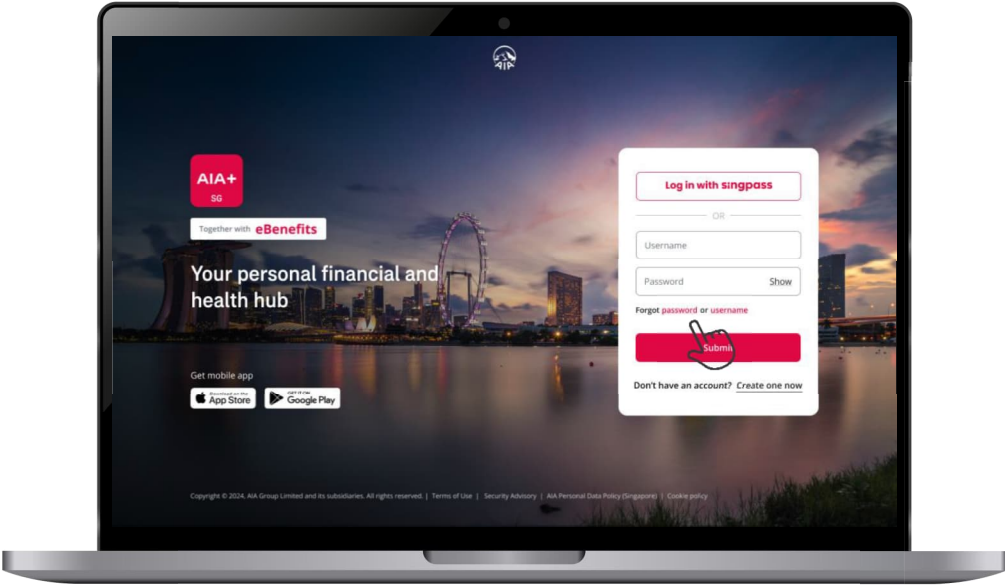
Login to AIA+



01 Convenient login with your username & password or Singpass

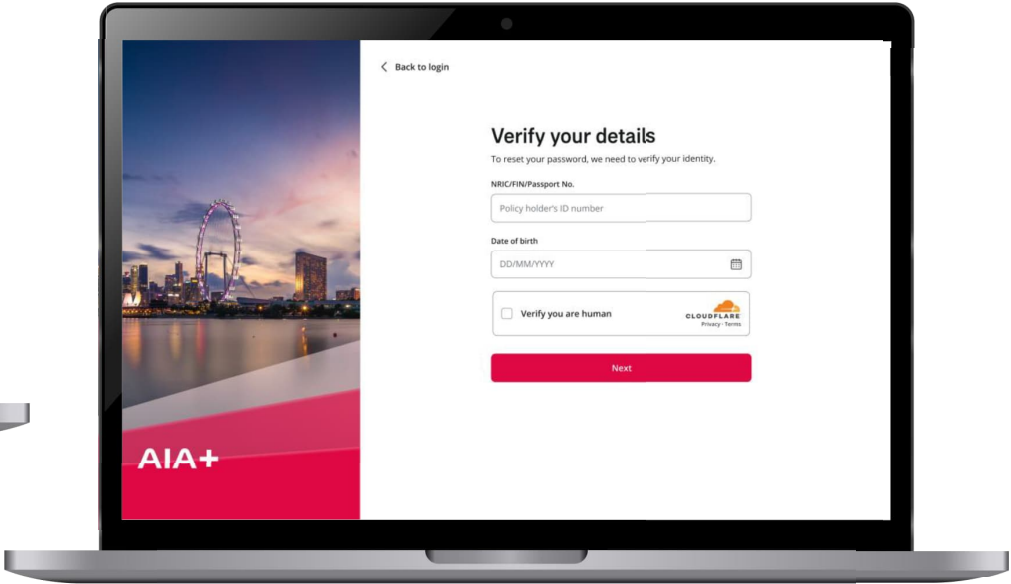
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Login to AIA+ (Forgot Password)



01 Select Forget password

02 Key in your details for verification



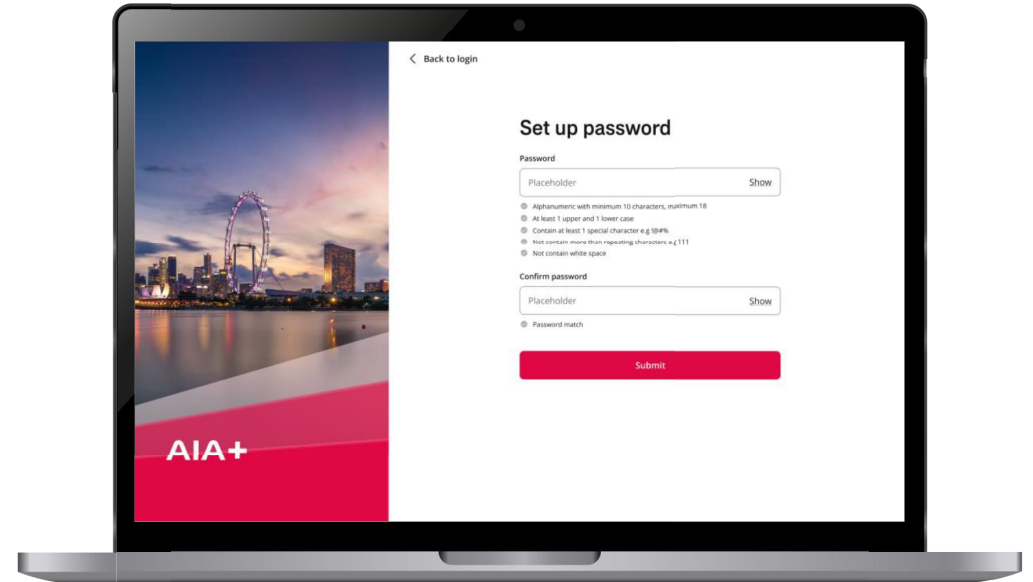
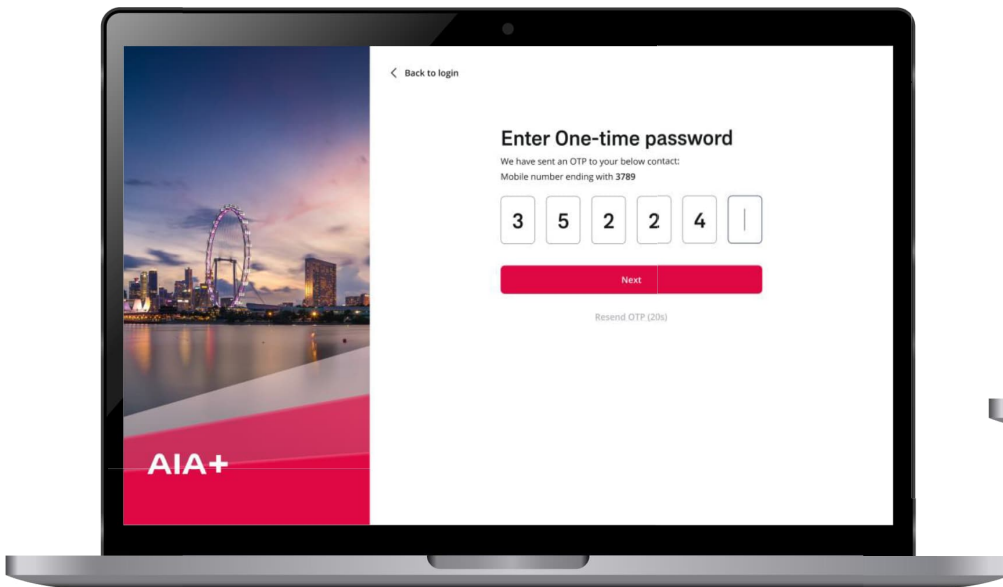
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03 Enter your One Time Password (OTP)



04 Setup your new password



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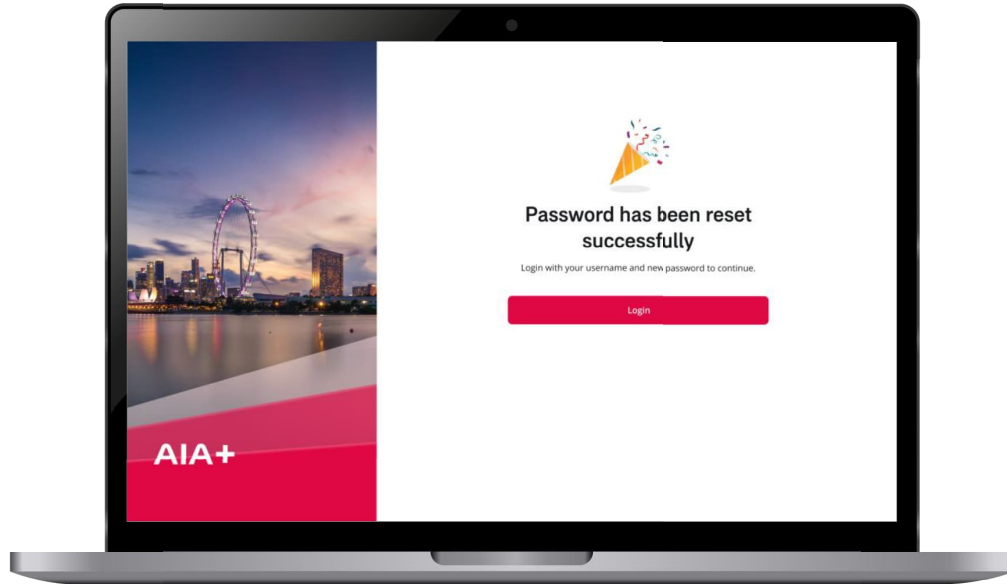
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05

Your password have been reset



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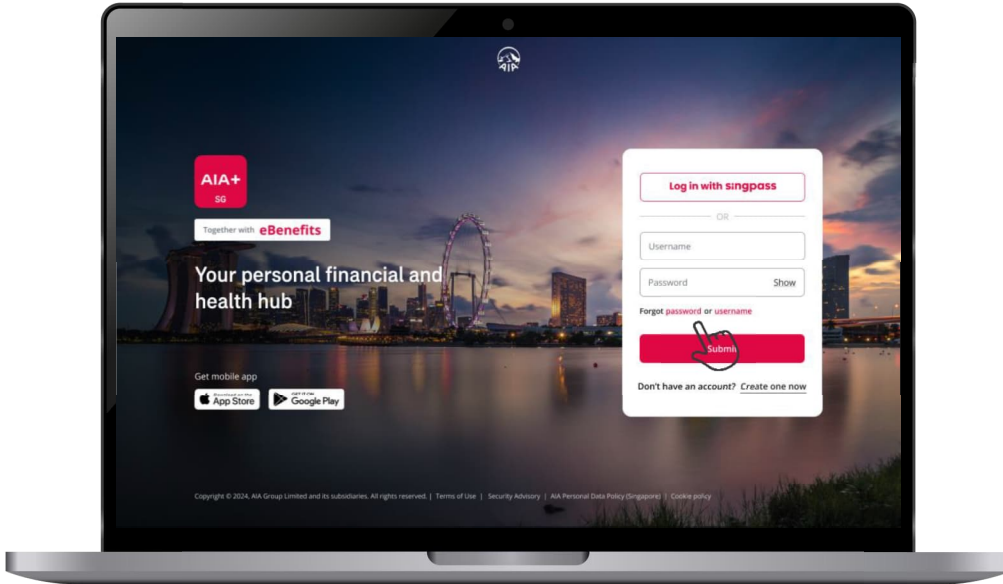
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Login to AIA+ (Forgot Username)

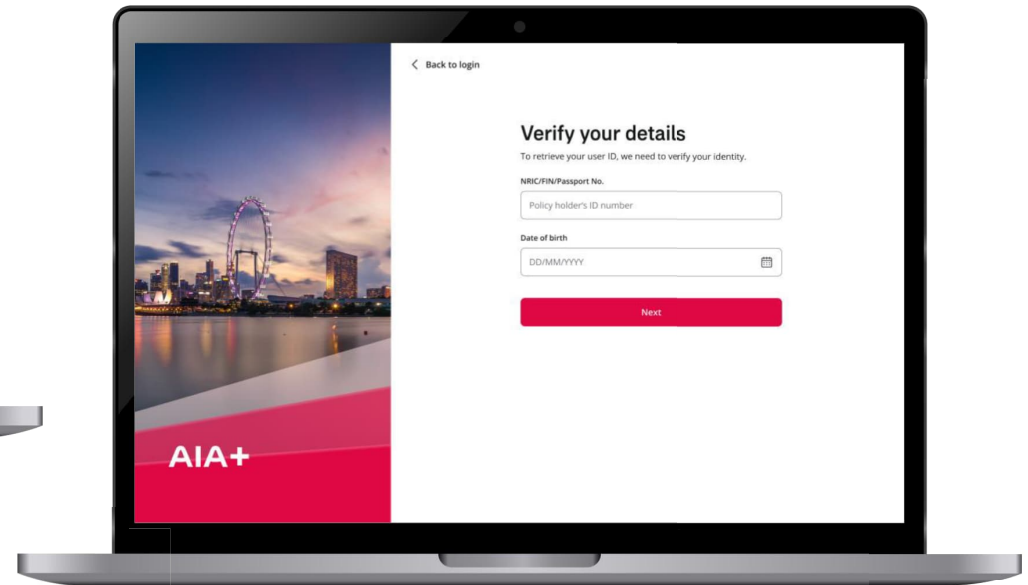


01

Select Forget username

02

Key in your details for verification



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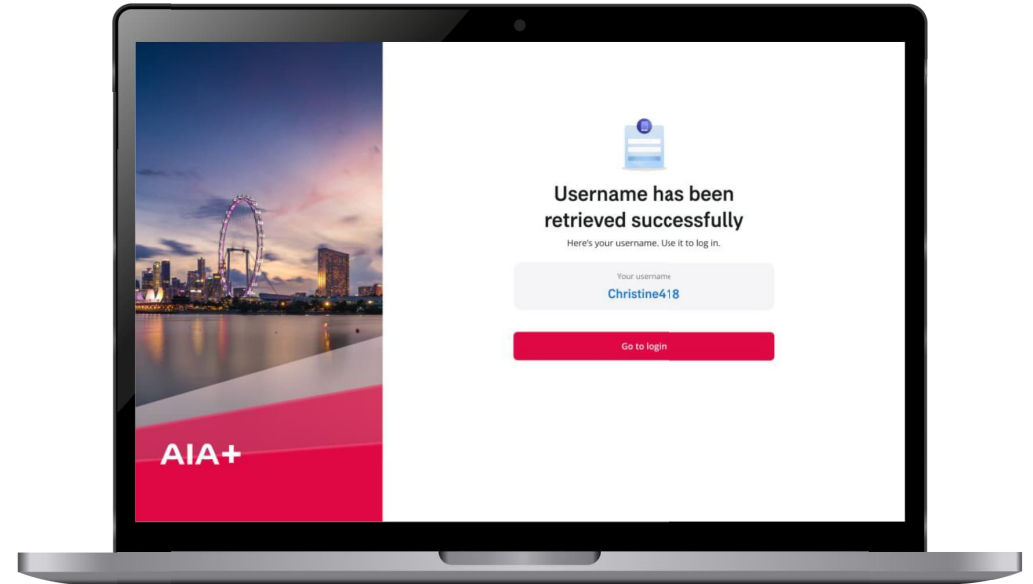
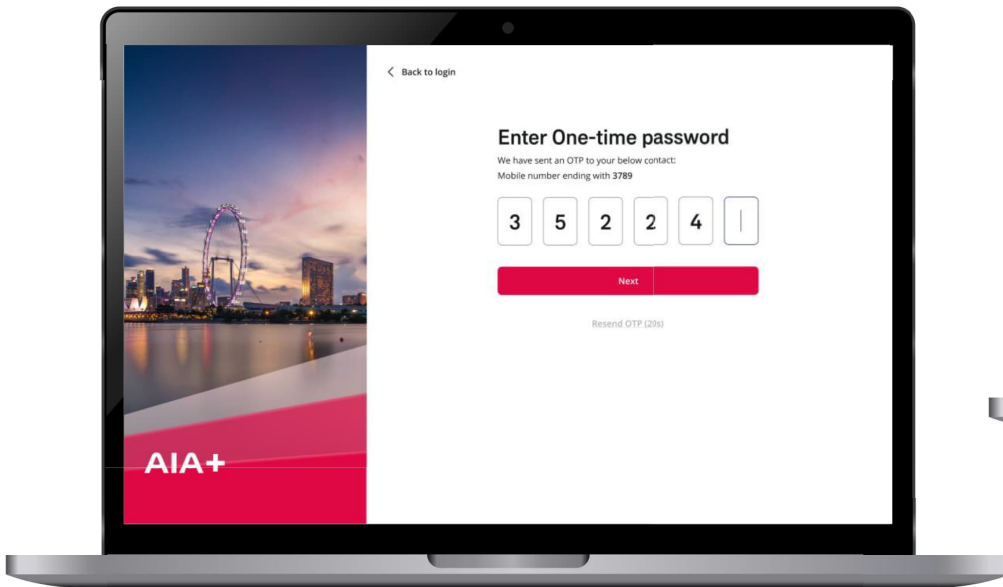
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03 Enter your One Time Password (OTP)



04 You have successfully retrieved your username

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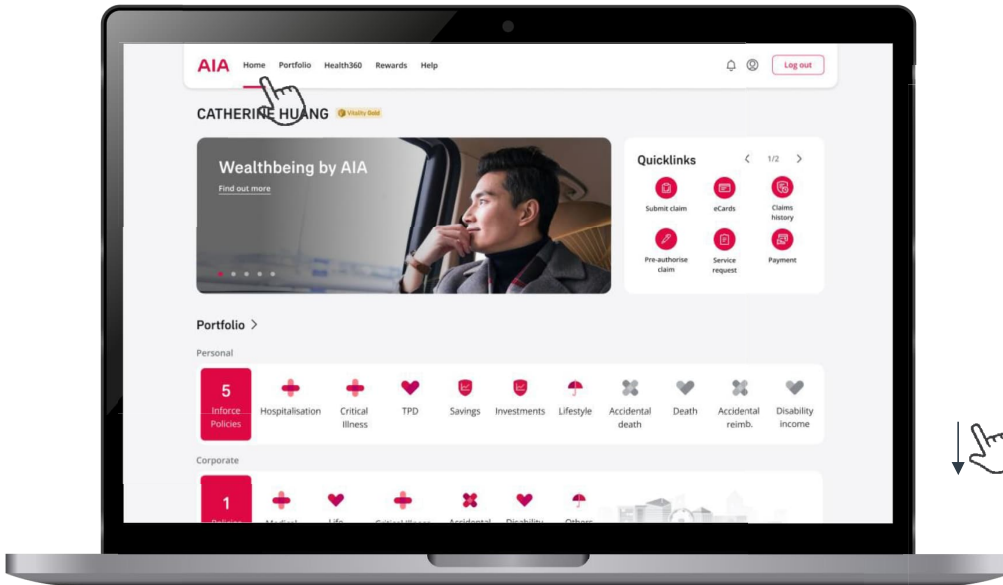
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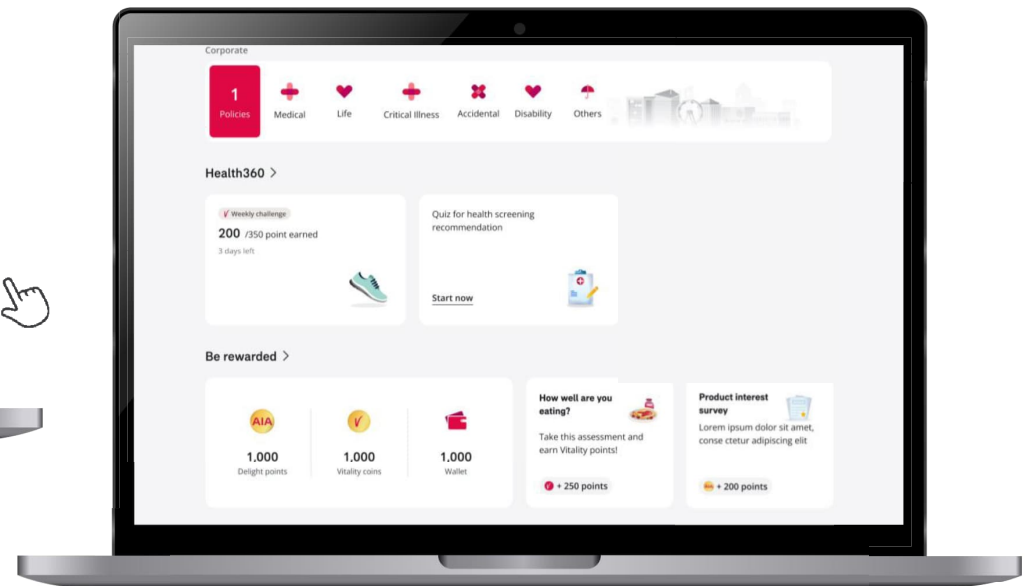
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Dashboard



01 Scroll to view Personal & Corporate

02 Scroll to view Vitality & Others (i.e. rewards etc)

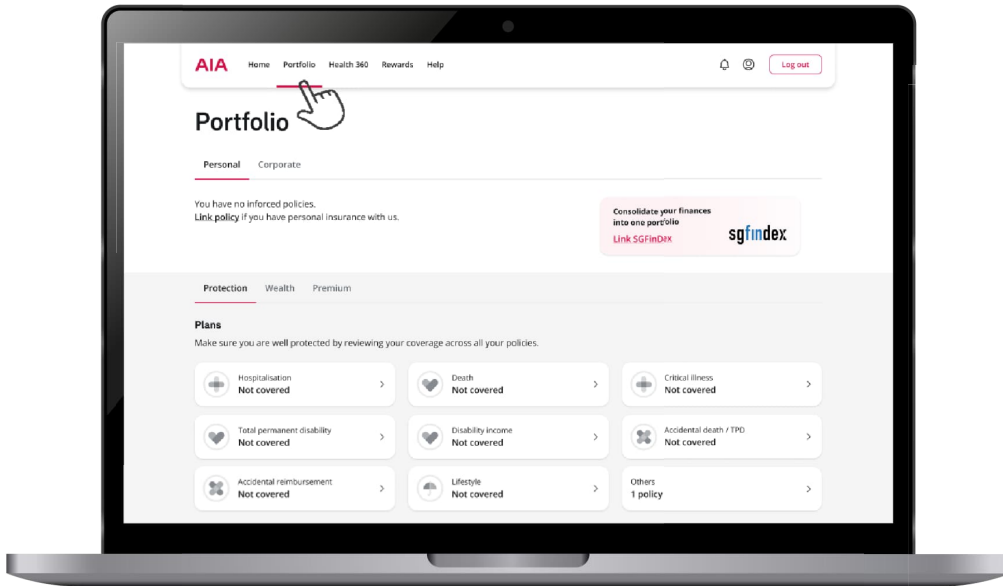


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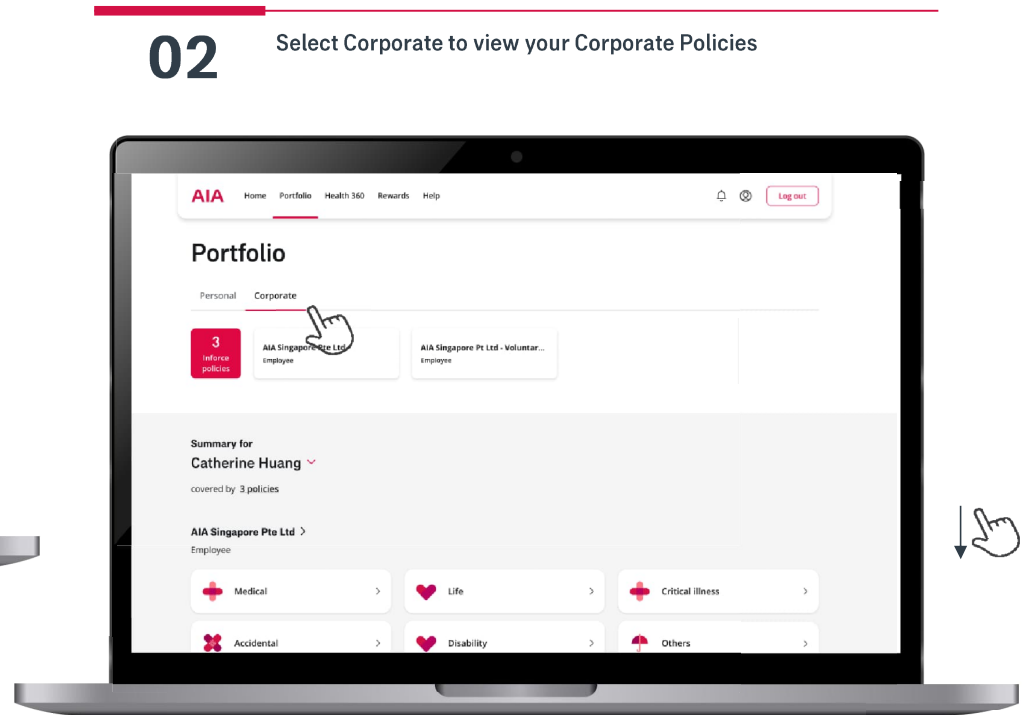


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Portfolio



01 Select Portfolio on the navigation bar

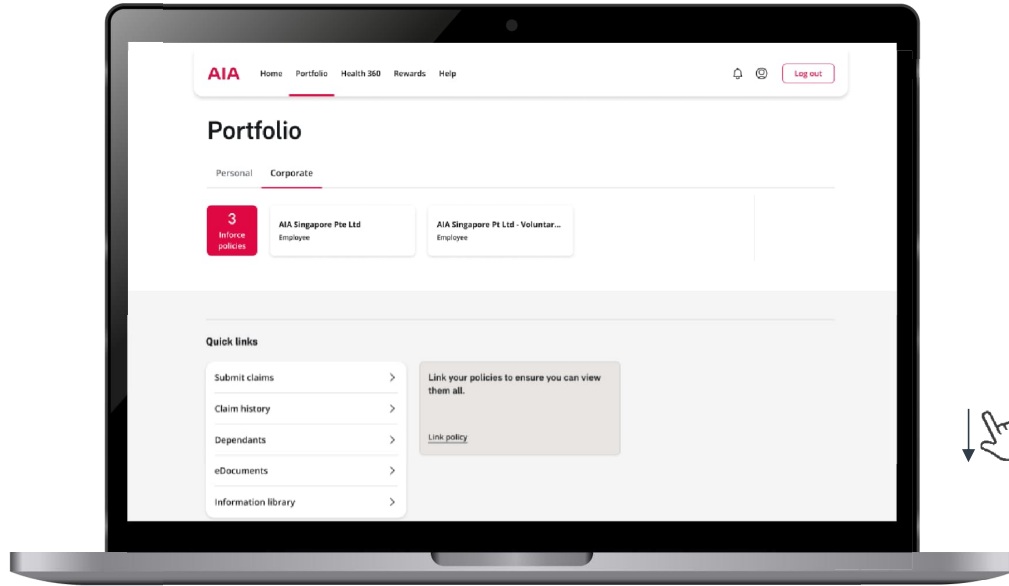


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Portfolio



03

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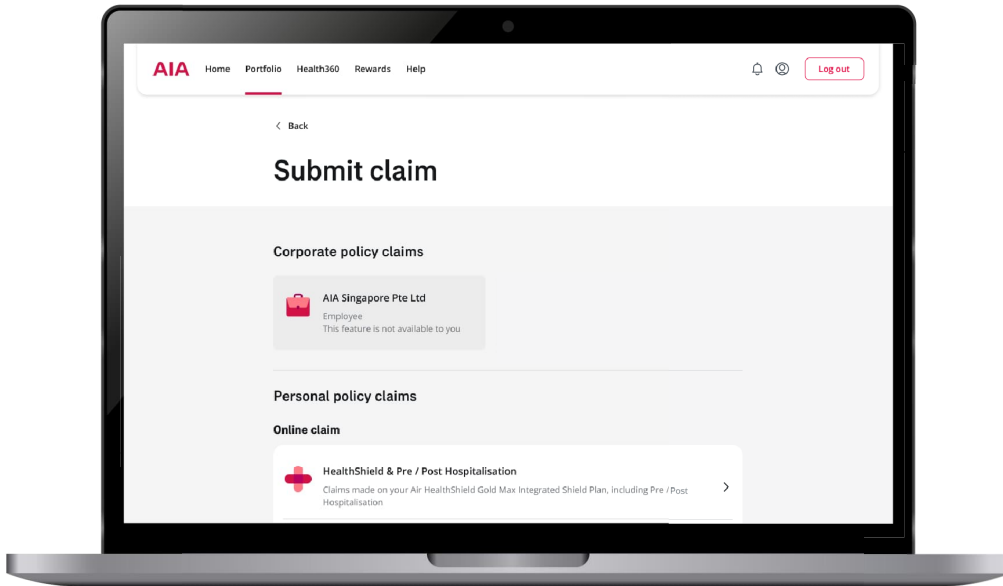
[Others](#)



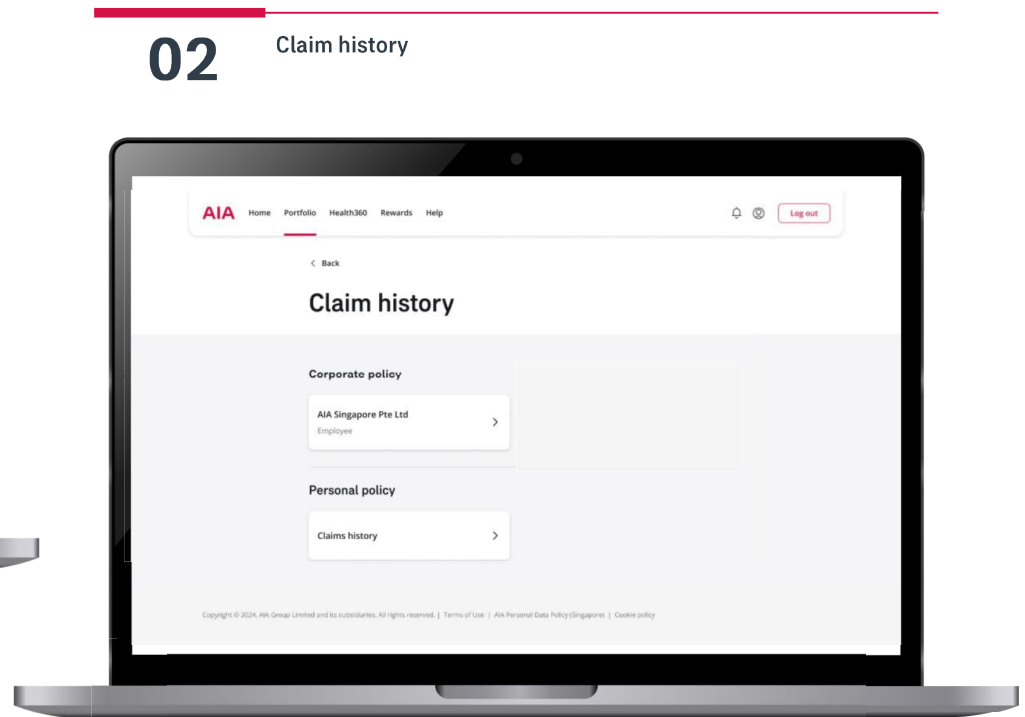
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Jumper page (samples)



01 Submit claim



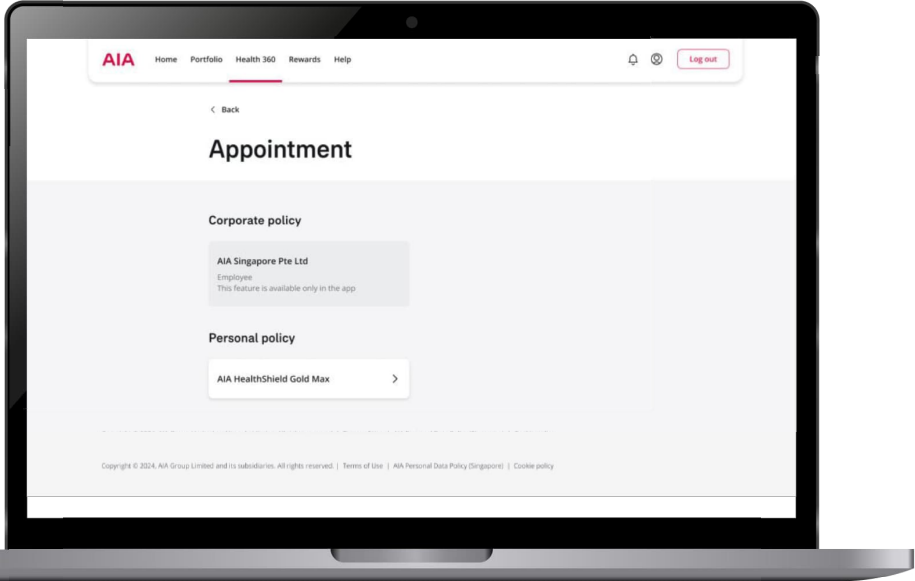
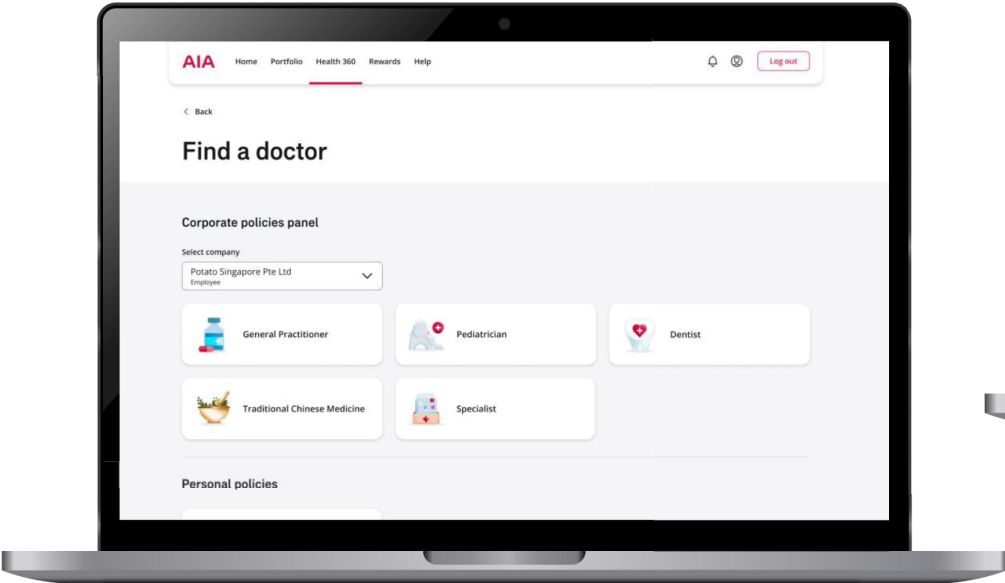
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Jumper page (samples)

03 Find a doctor



04 Appointment

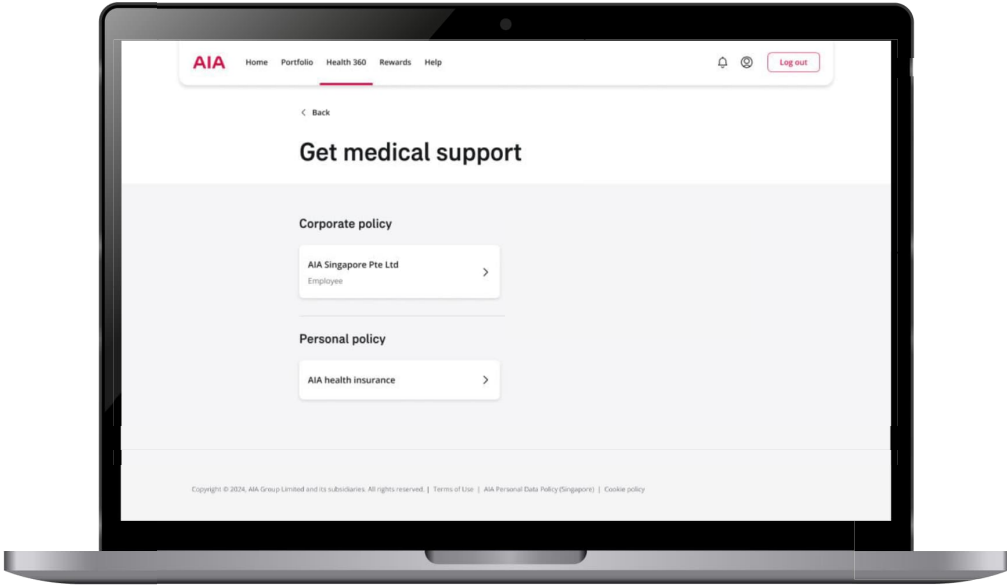


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Jumper page (samples)

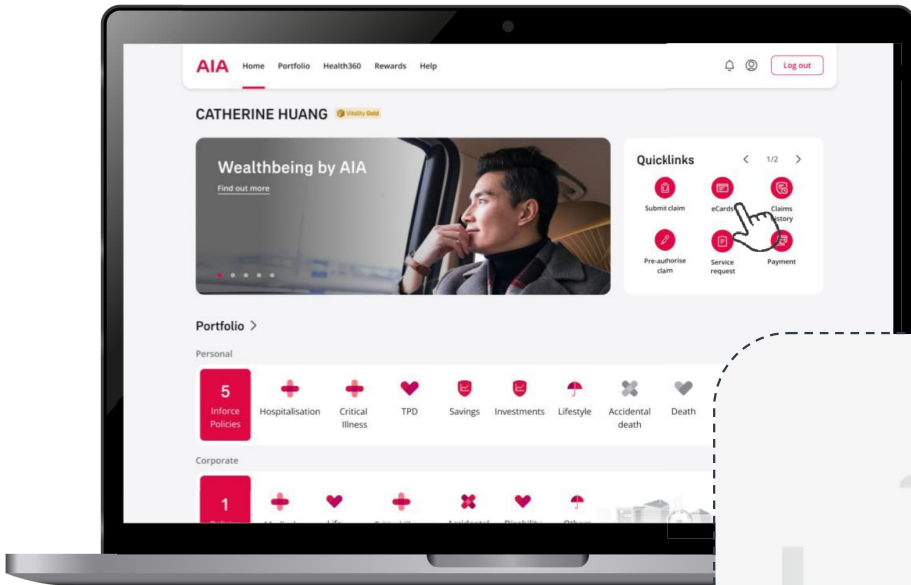


05

Get medical support

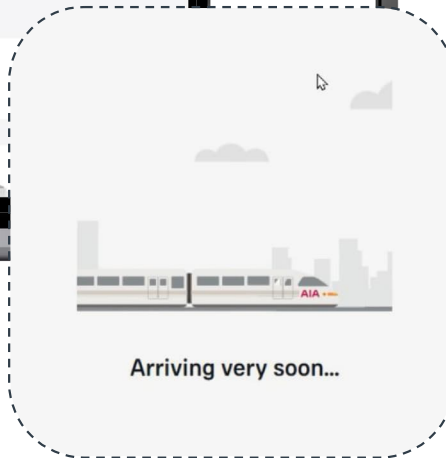
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No Jumper page (eCards samples)



01

If you are a pure Corporate Customer with 1 Client,, the Jumper Page may not be shown to you. (eCards as an example)



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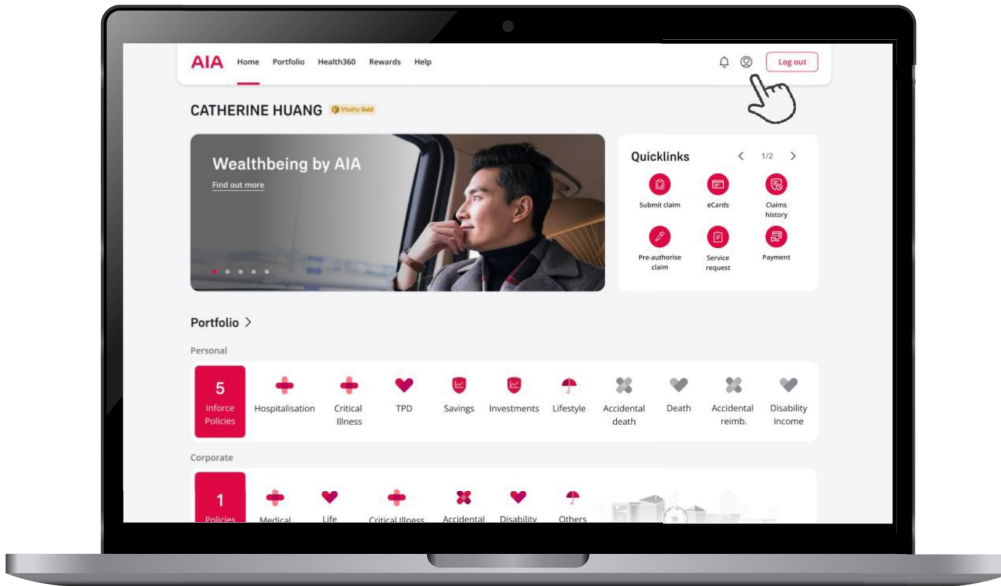
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Personal Information

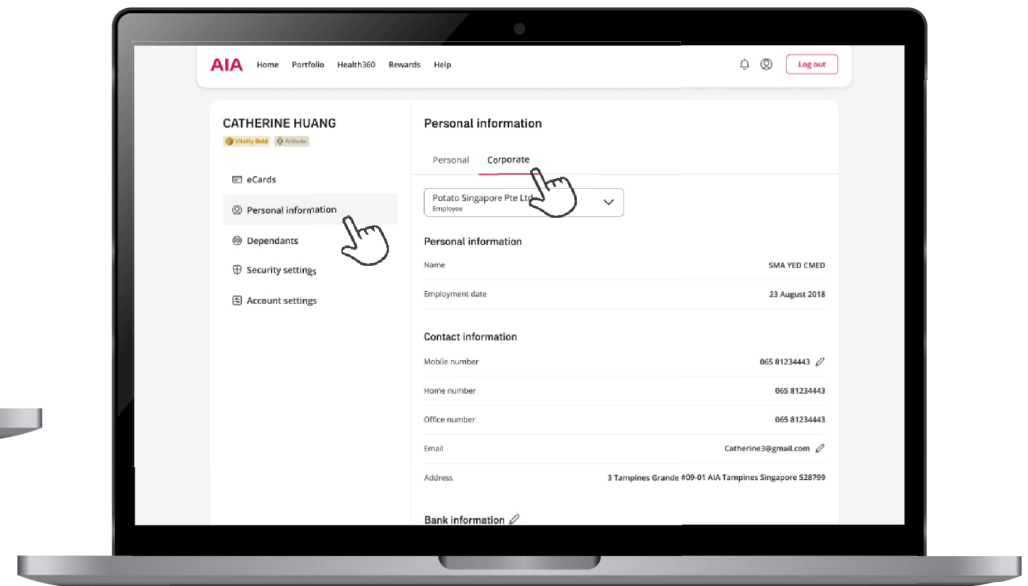


01

Under [Dashboard](#) Select Profile Icon

02

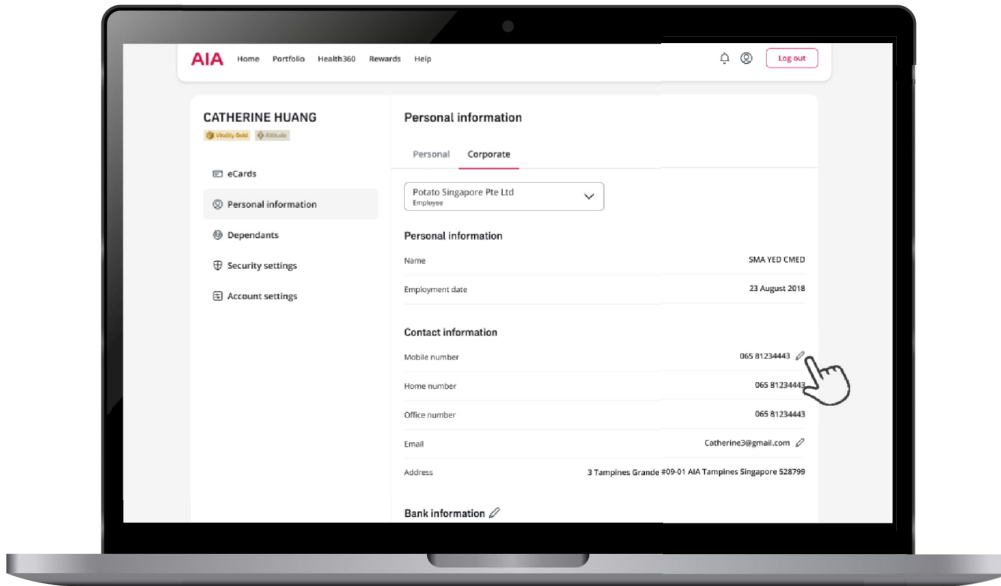
Select Personal information > Corporate



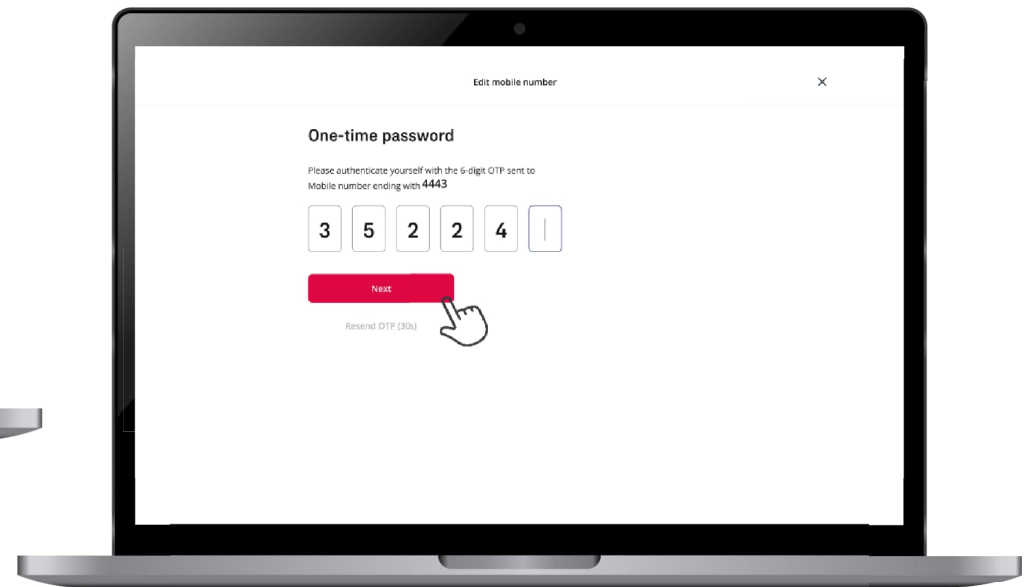
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Personal Information (change mobile number)



3a) Enter your One Time Password (OTP)



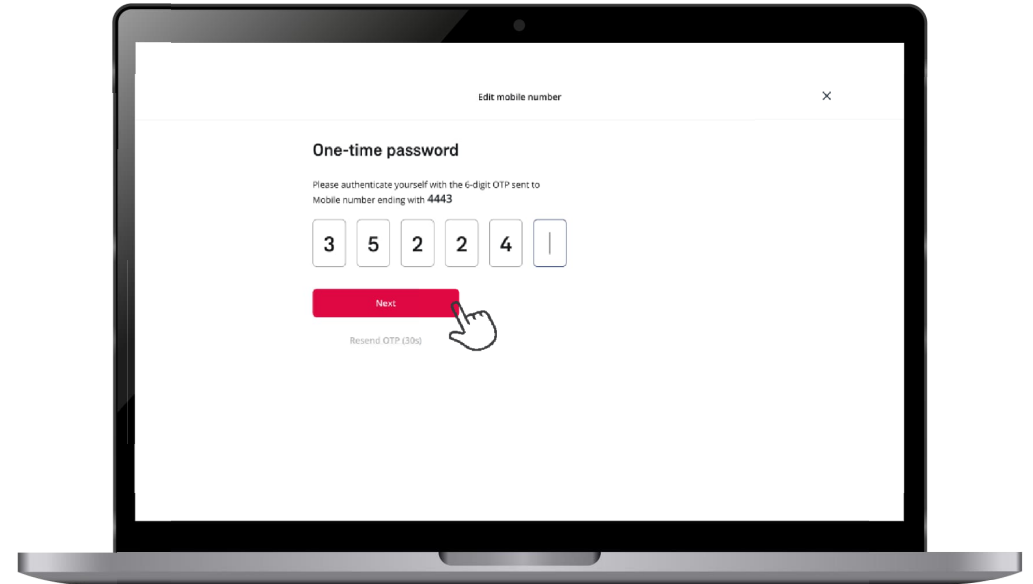
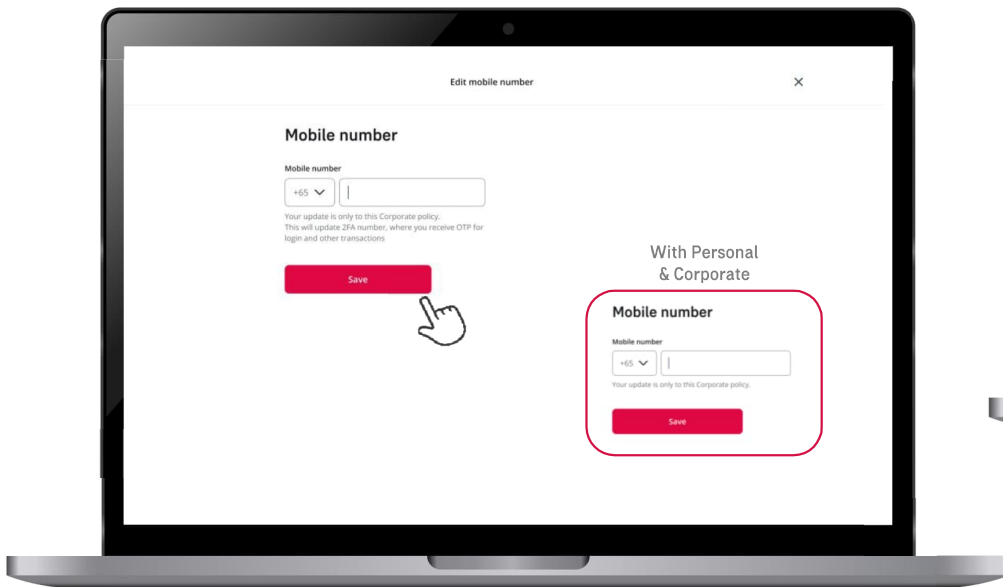
03 Select the pencil icon to change your mobile number



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Personal Information (change mobile number)

3b) Enter your new mobile number

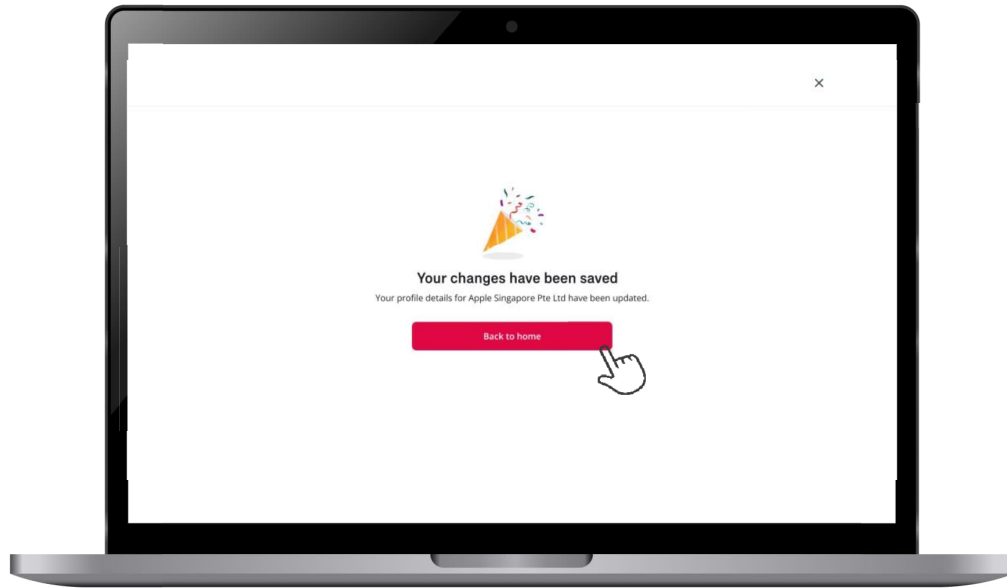


3c) Enter your New One Time Password (OTP)



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Personal Information (change mobile number)



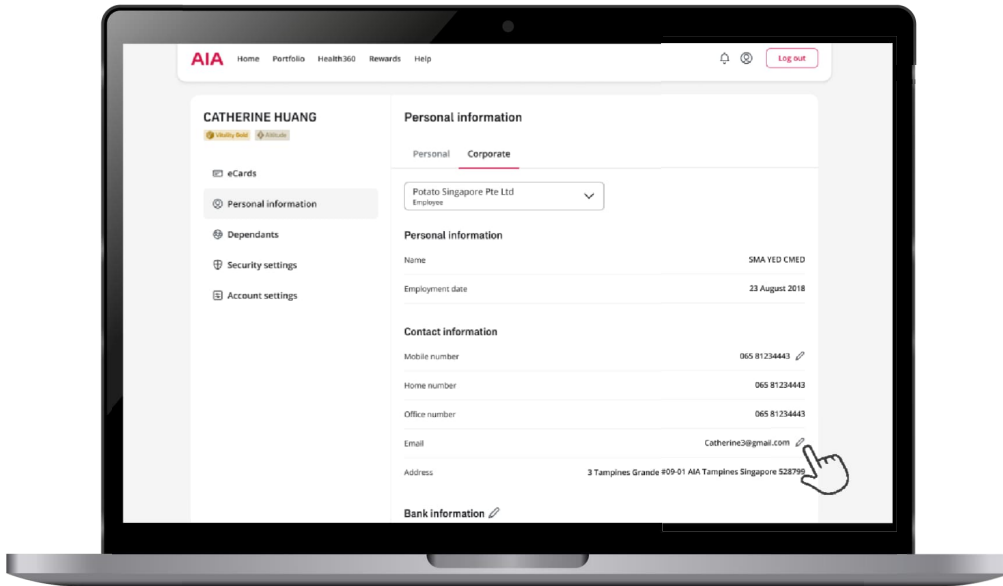
3d) You have successfully changed your mobile number



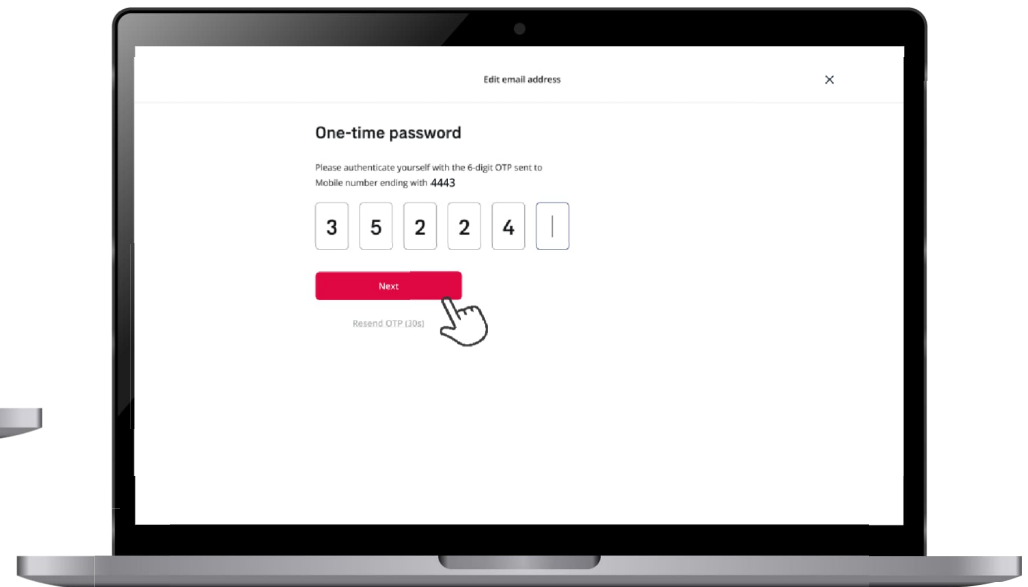
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Personal Information (change email address)



4a) Enter your One Time Password (OTP)



04 Select the pencil icon to change your email address



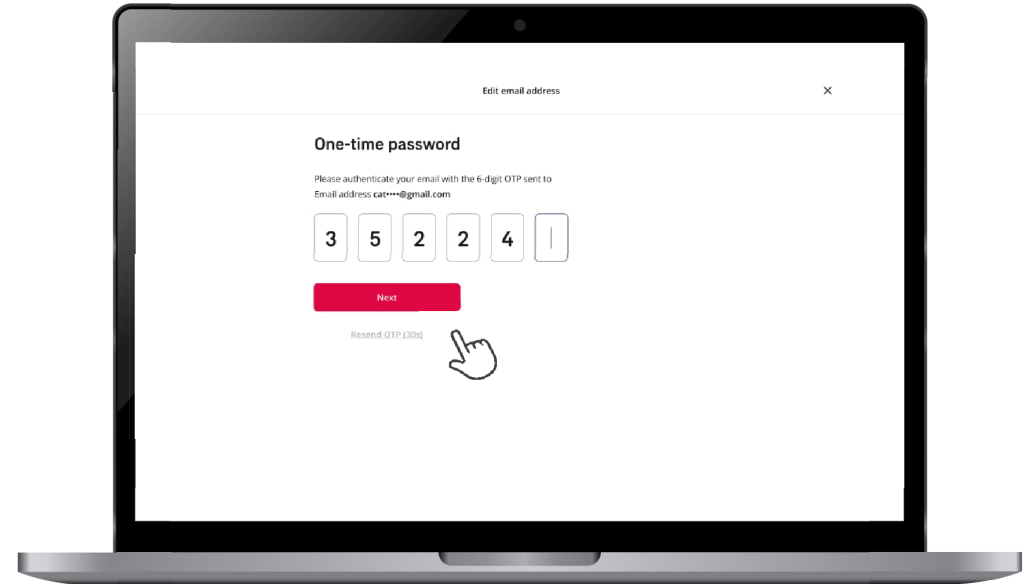
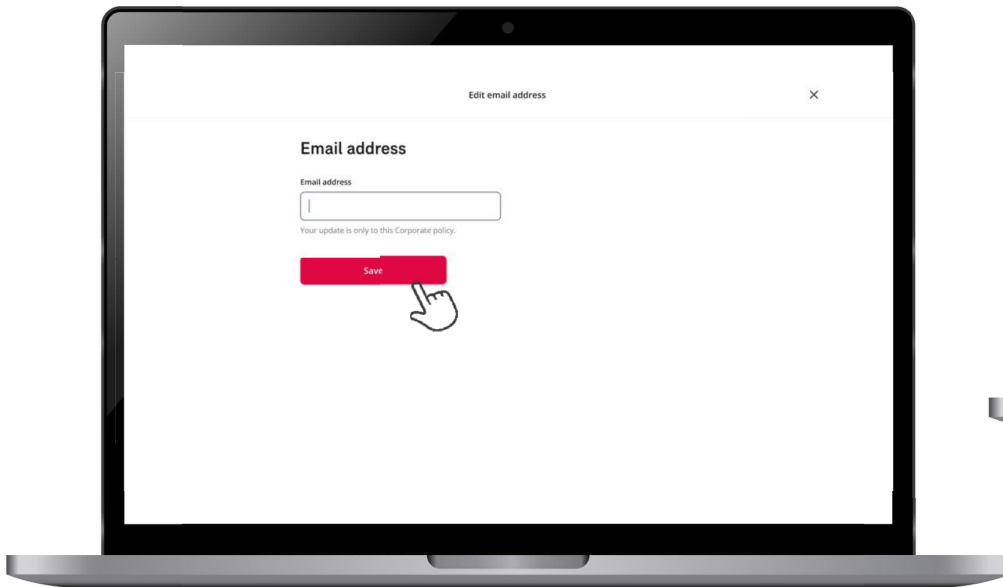
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Personal Information (change email address)

4b) Enter your new email address

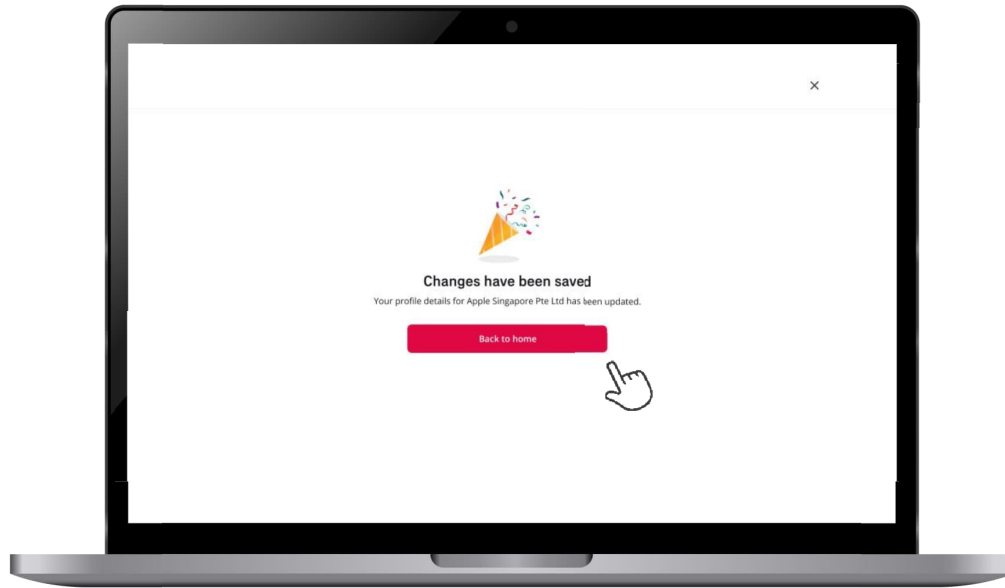


4c) Enter your New One Time Password (OTP)



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Personal Information (change email address)



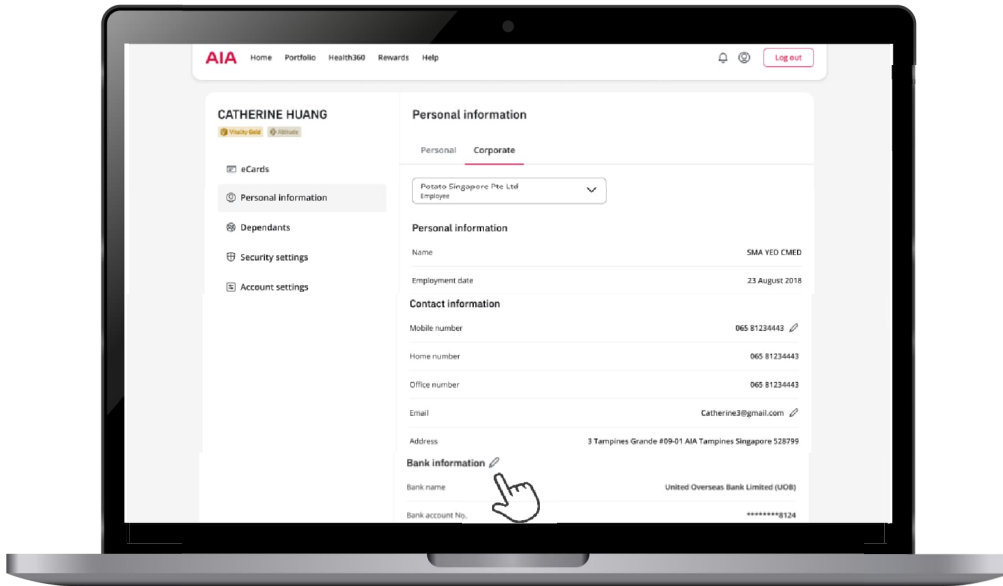
4d) You have successfully changed your email address



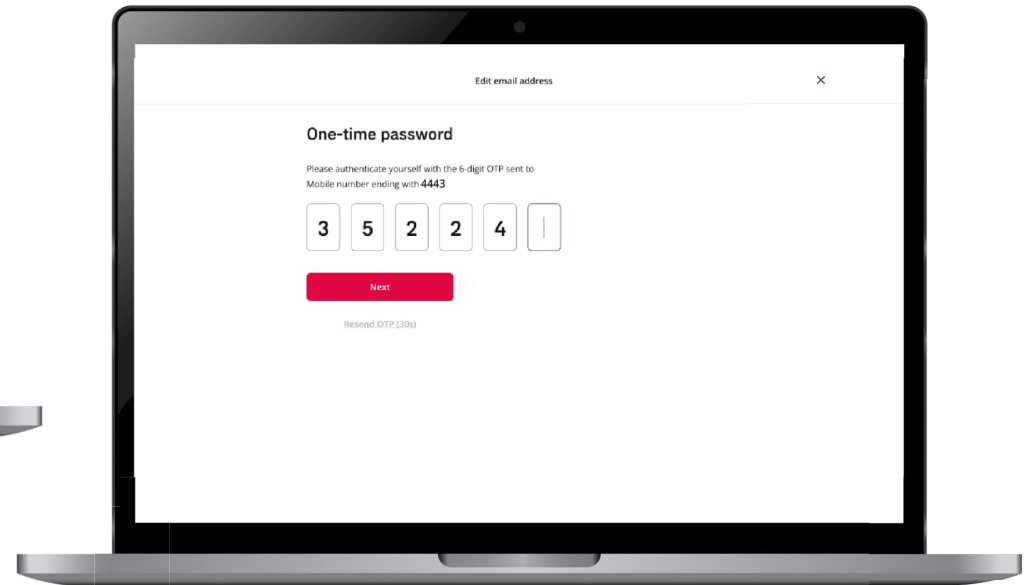
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Personal Information (change bank information)



5a) Enter your One Time Password (OTP)



05 Select the pencil icon to change your bank information



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Personal Information (change bank information)

5b) Enter your new bank information

Edit bank information

Bank information

Bank account No.
065 81238124

Please omit dashes or spaces

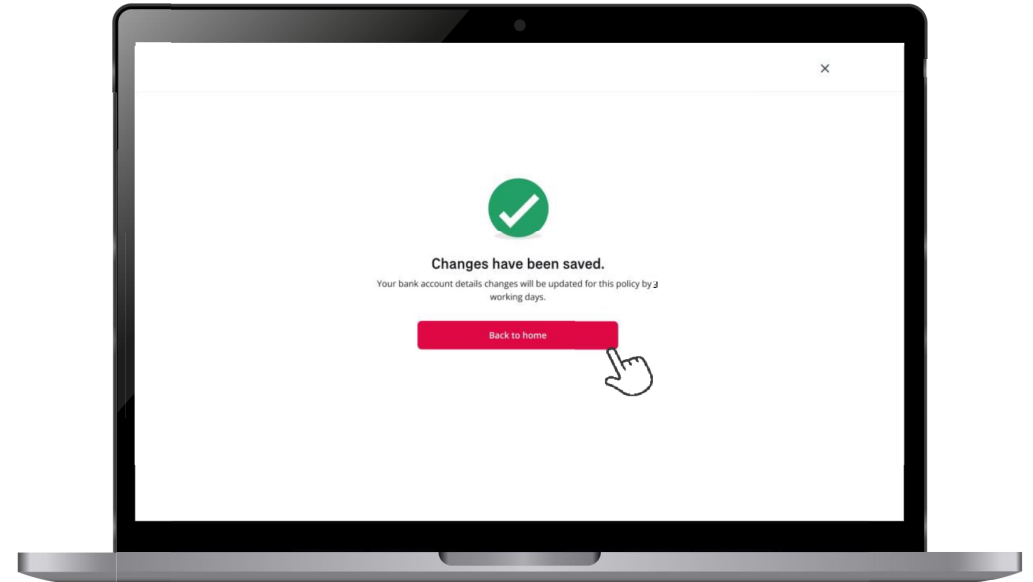
How would you like to identify the bank?
 Branch code SWIFT code

Bank name
United Overseas Bank Ltd

Bank branch code
068

Note: Changes made to your bank account details may take up to 3 working days to be processed. During this time, claim reimbursements will be paid to the previous bank account or PayNow-NRIC/PIN, where applicable.

Save



5c) You have successfully changed your bank information

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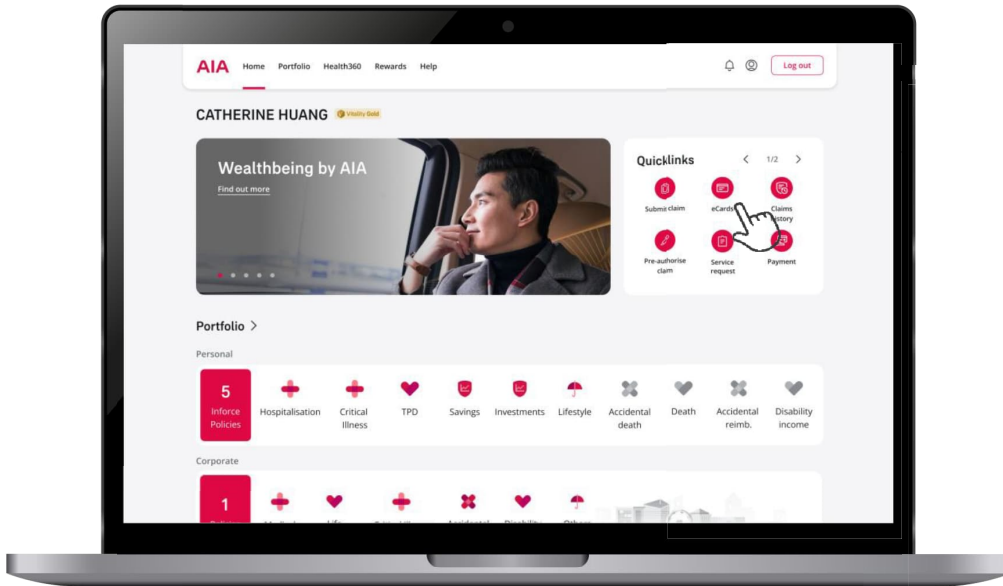
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eCards

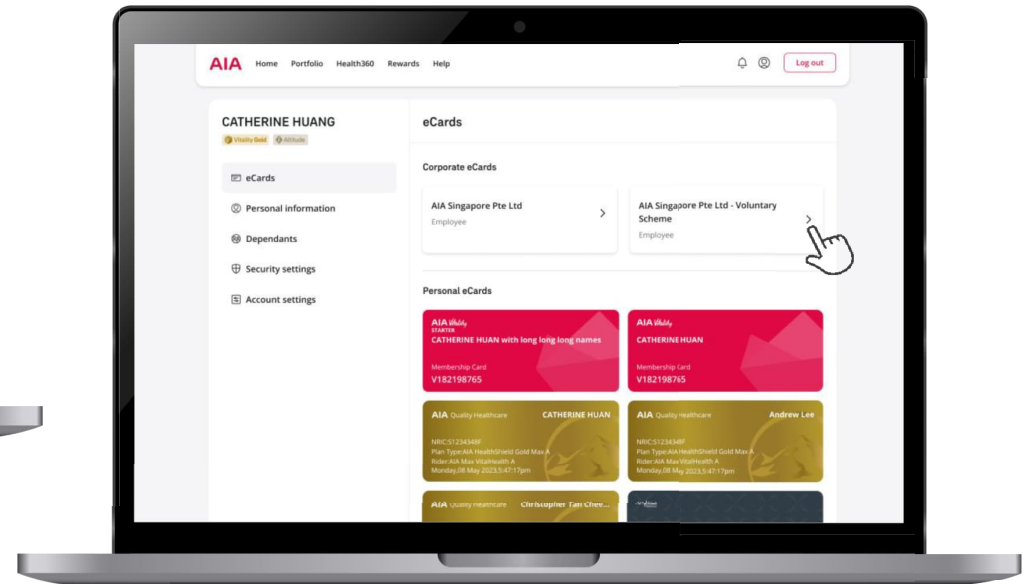


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Under [Dashboard](#) Select eCards

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View your Corporate & Personal eCards



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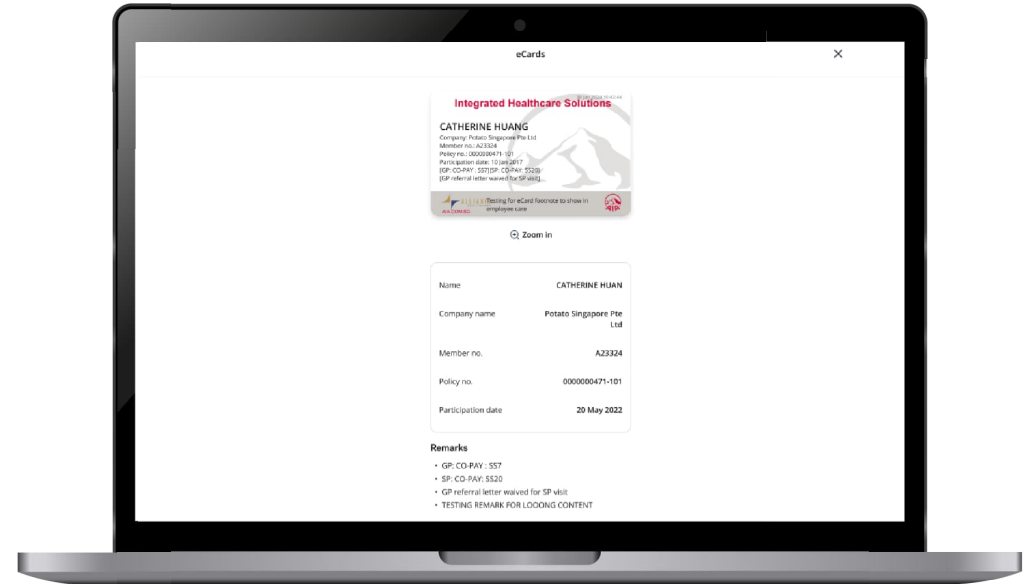
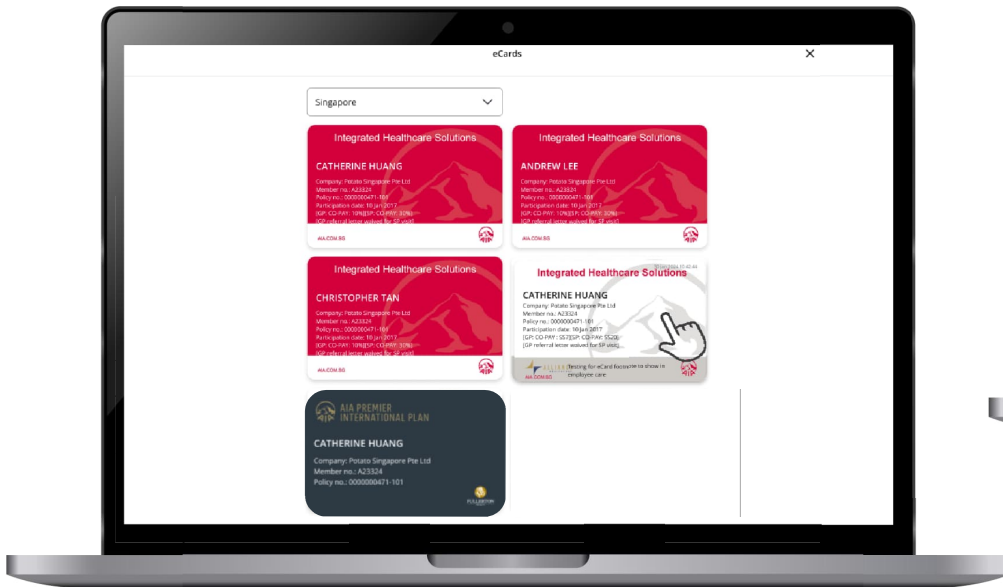


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eCards

03 Click eCards for more details



04 Corporate eCard details

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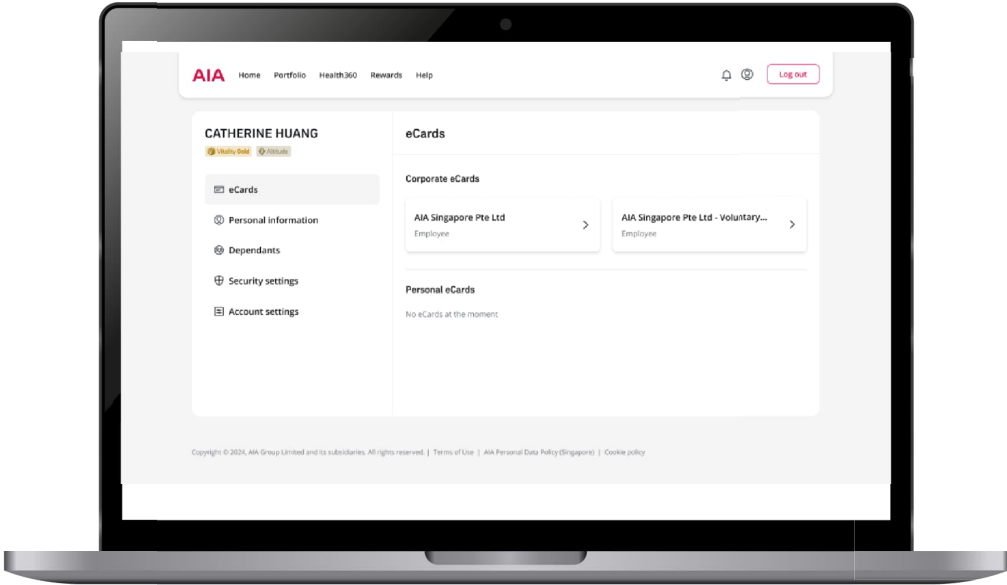
[Others](#)



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eCards

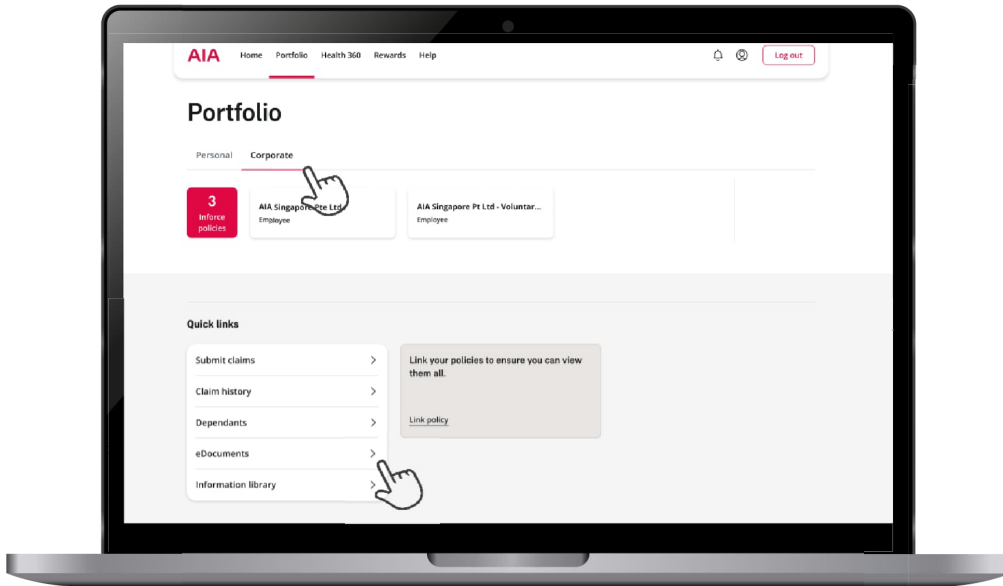


05

If eCards feature is not available to you.

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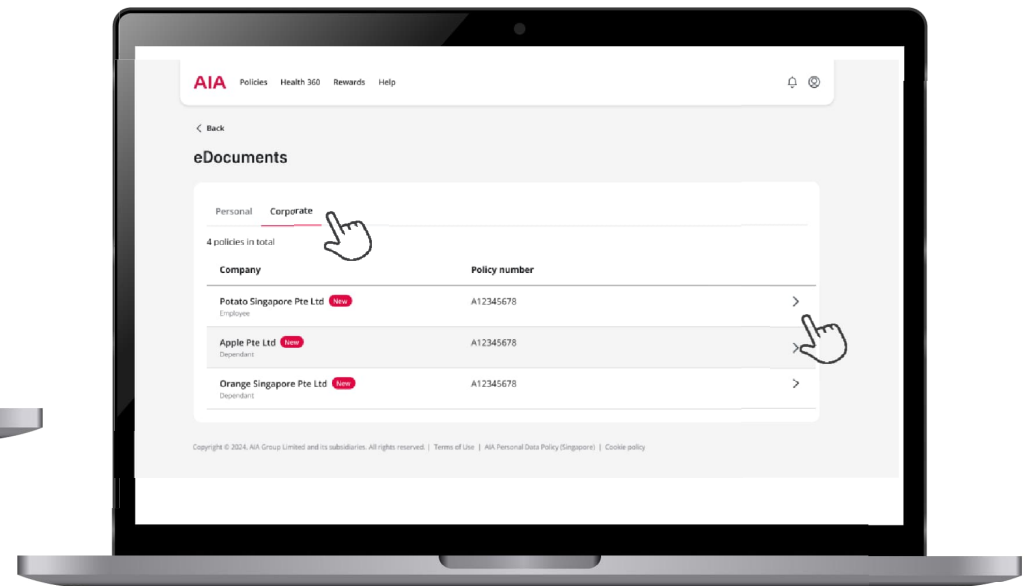
eDocuments



01 Under [Portfolio](#), Select Corporate & scroll to Quick links to access eDocuments

02

List of your Corporate eDocuments. Select for more details



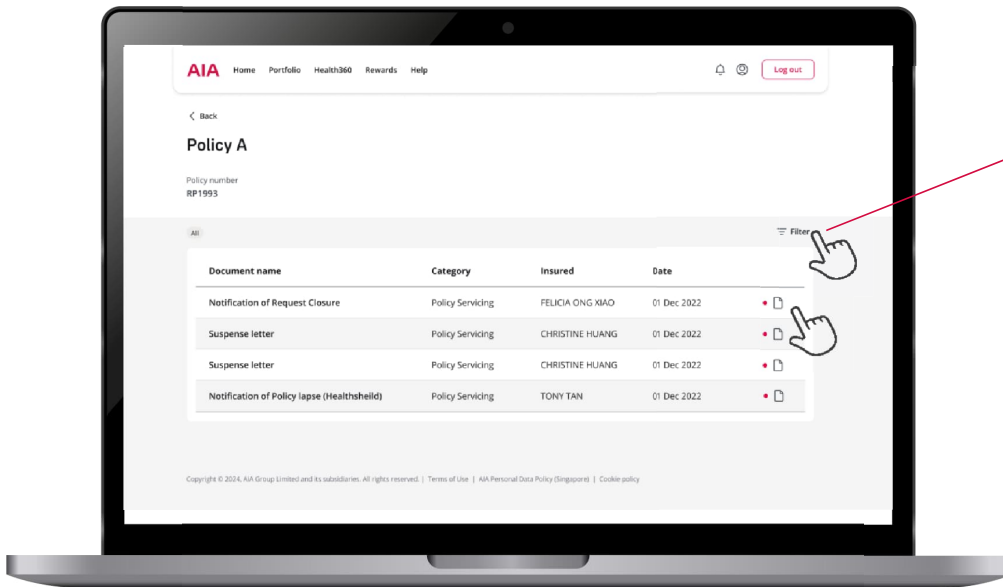
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eDocuments

03 Your Corporate eDocuments Details. Select to Filter or Select to view more details and/or download.



The 'Filter' modal window contains the following elements:

- Buttons: All, Policy application, Policy payment, Policy servicing
- Section: Medical underwriting
- Received in: Custom date (dropdown)
- From: Select date (calendar icon)
- To: Select date (calendar icon)
- Buttons: Reset, Confirm

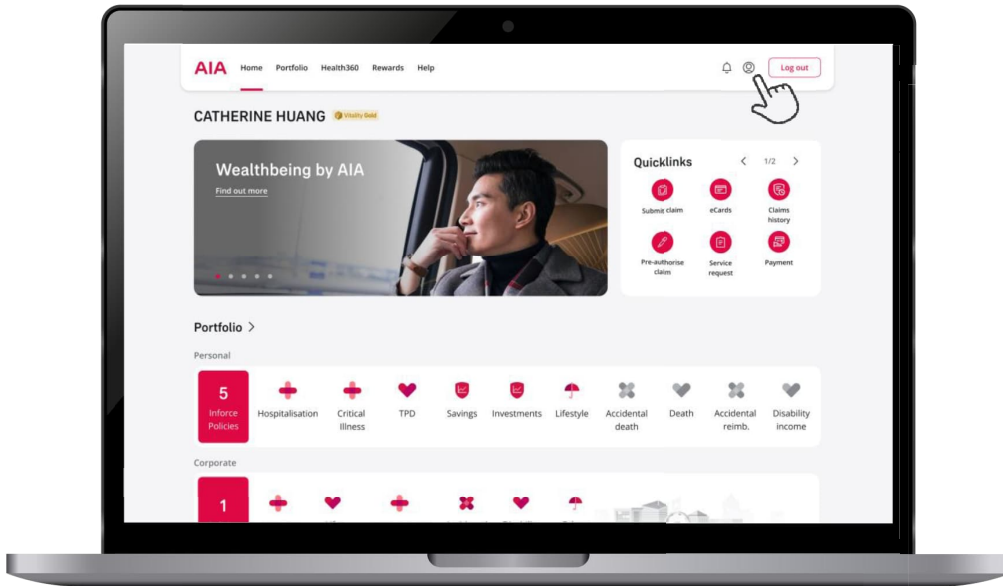


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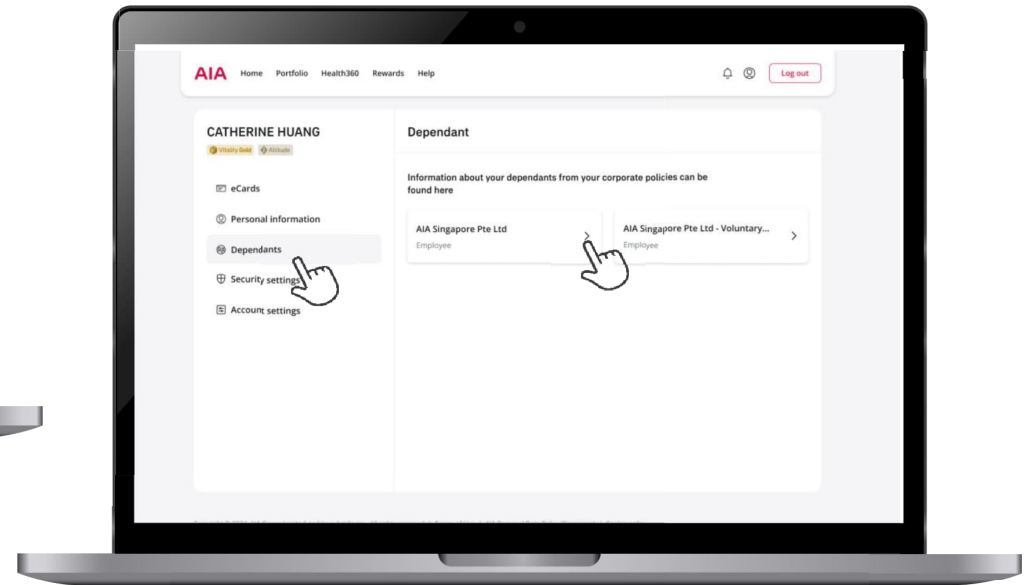
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Grant dependant access



01 Under [Dashboard](#) Select Profile Icon

02 Select Dependants and your Corporate Policy



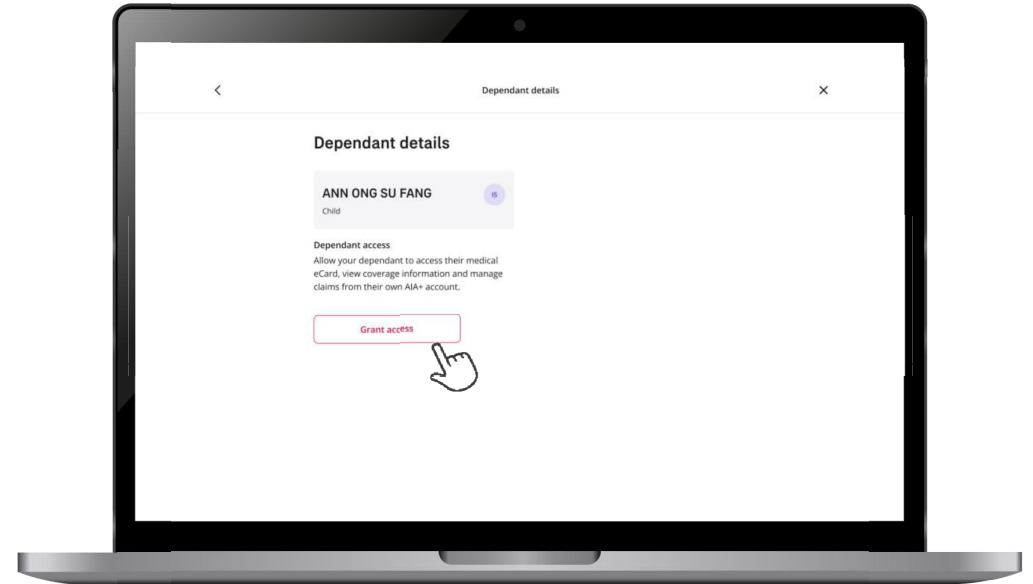
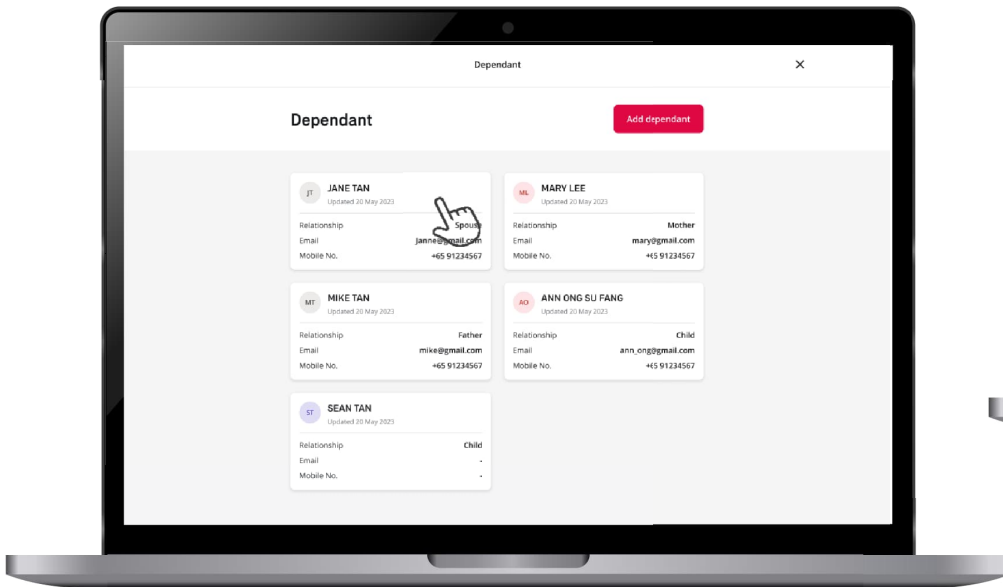
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Grant dependant access

03 Click for dependant detail



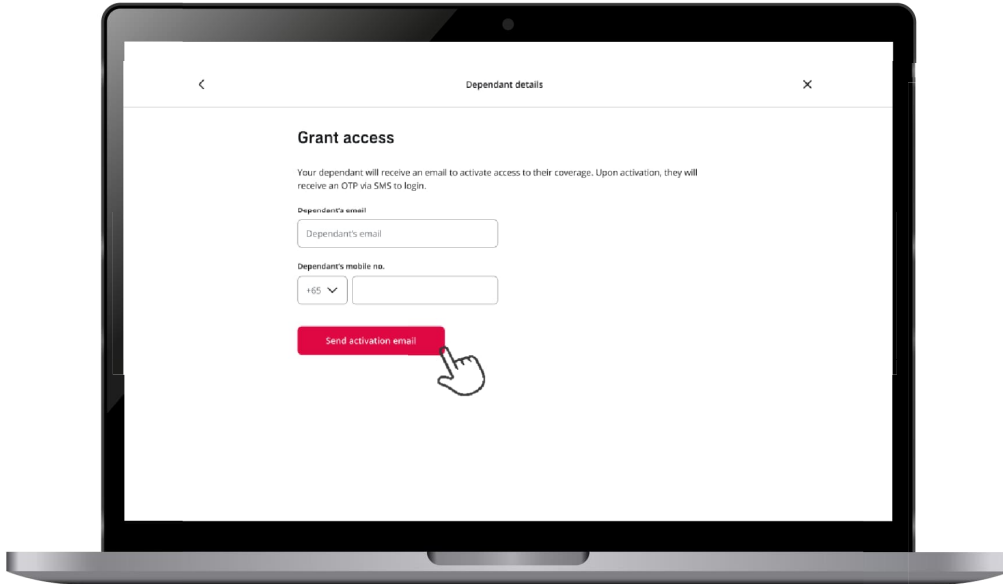
04 Grant access



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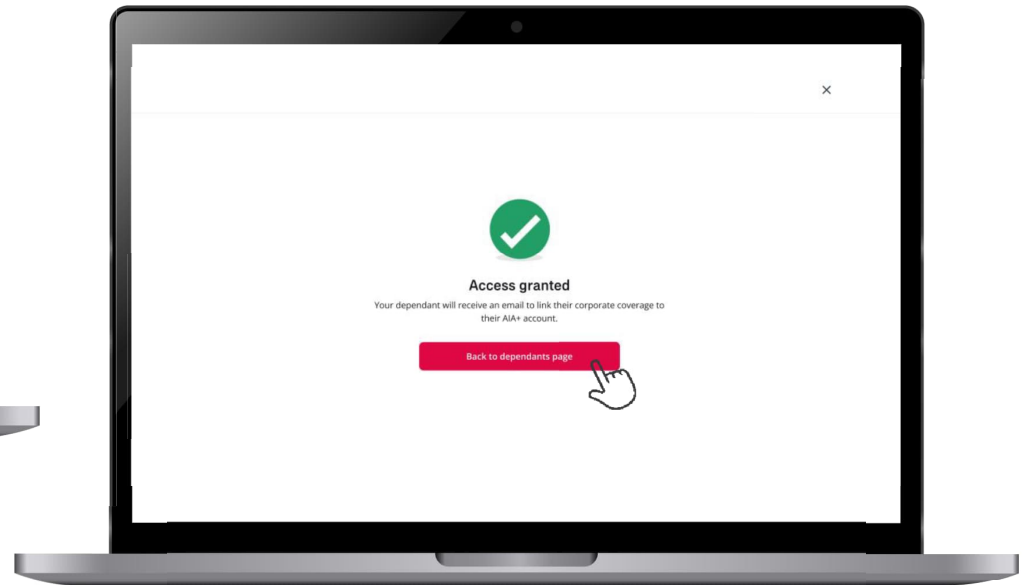
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Grant dependant access



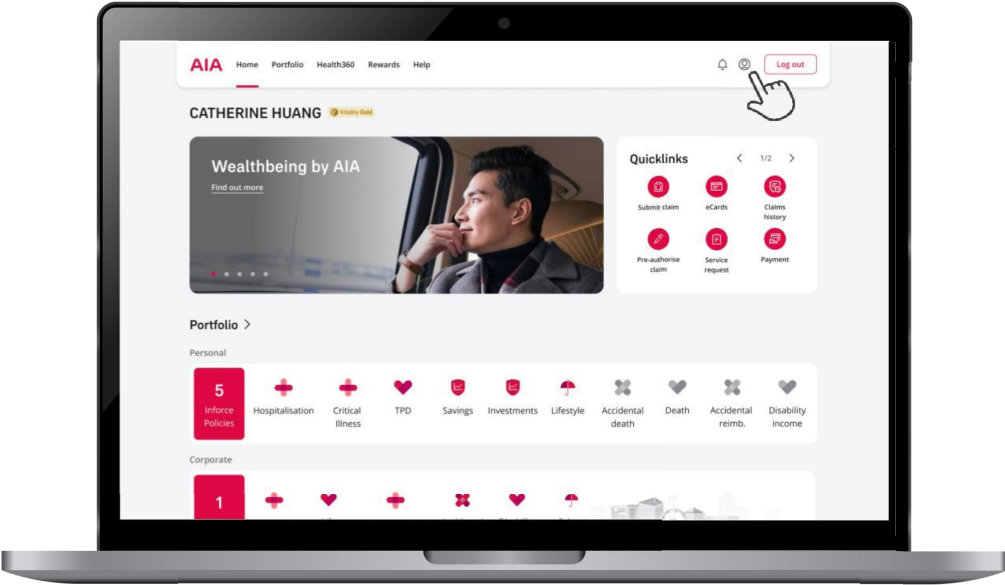
05 Complete activation details

06 You have successfully granted access to your dependant(s)



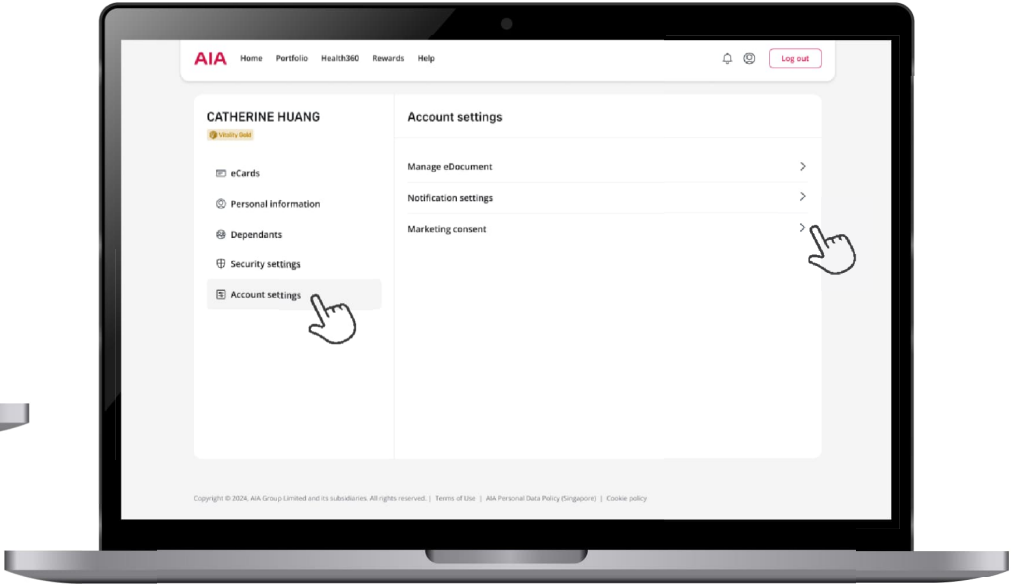
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Marketing consent



01 Under [Dashboard](#) Select Profile Icon

02 Select Account settings & Marketing consent



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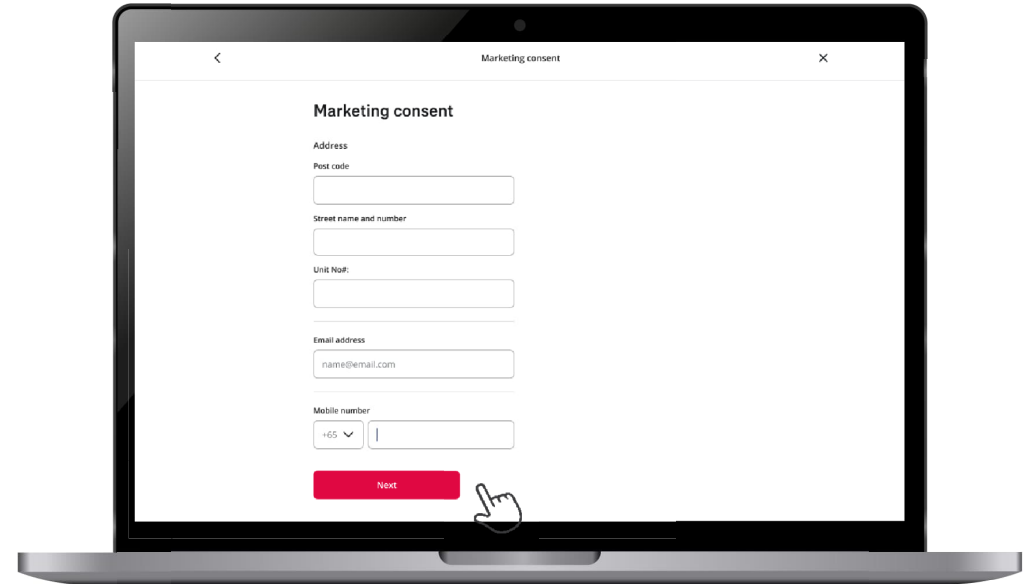
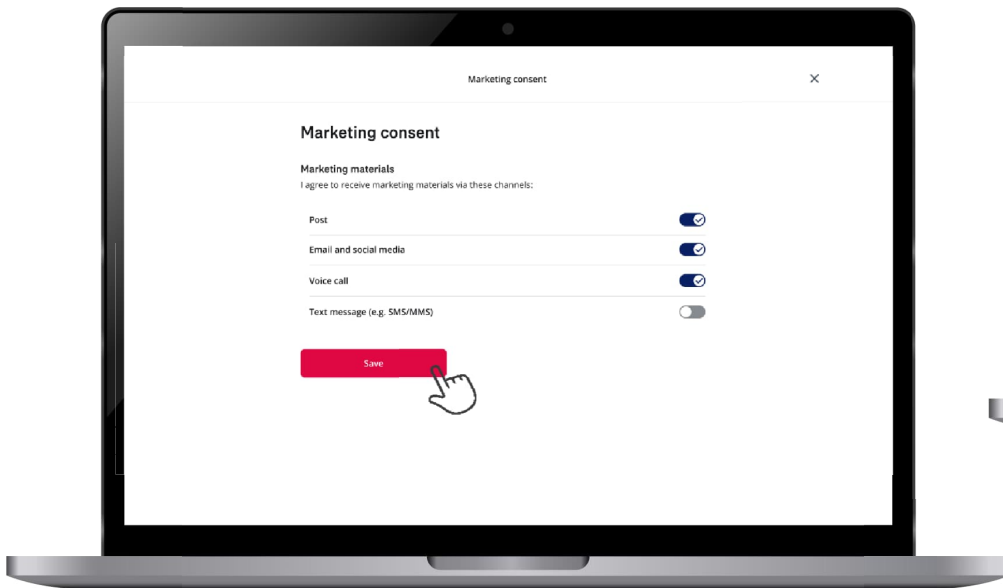


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Marketing consent

03

Let us know your preferred communication



04

Let us know your details (Pure Corporate)

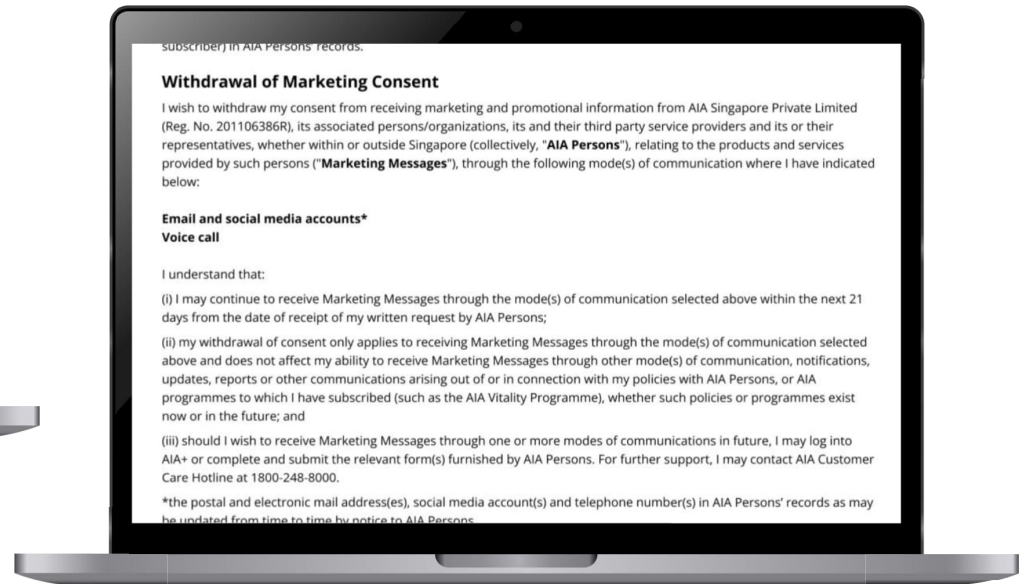
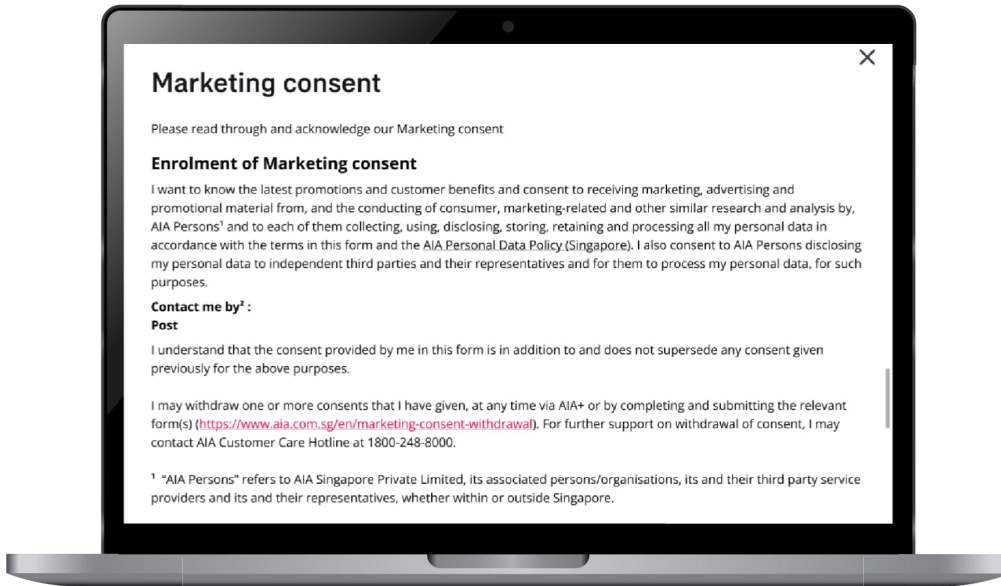


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Marketing consent



05

Giving / Withdrawing consent



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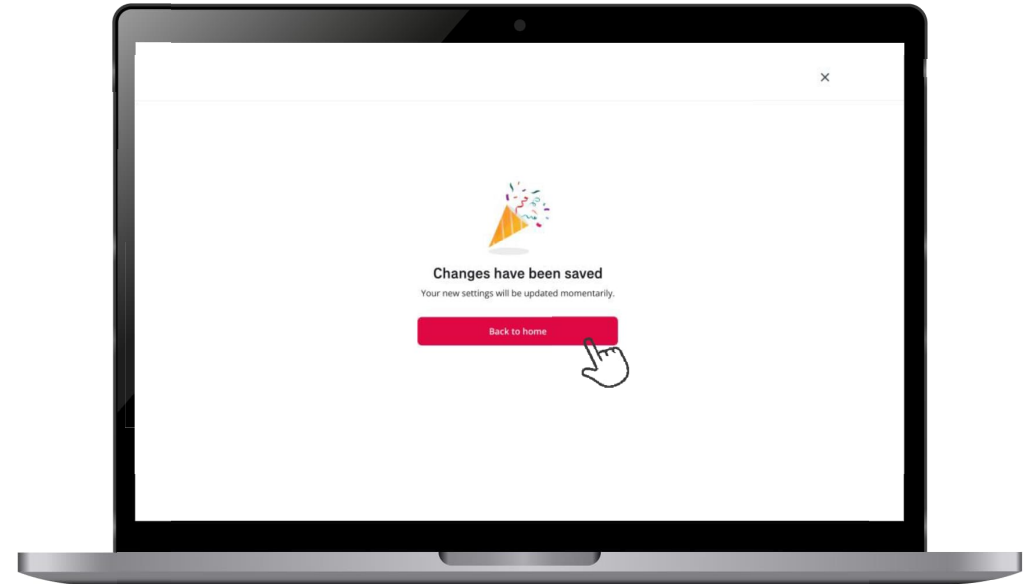
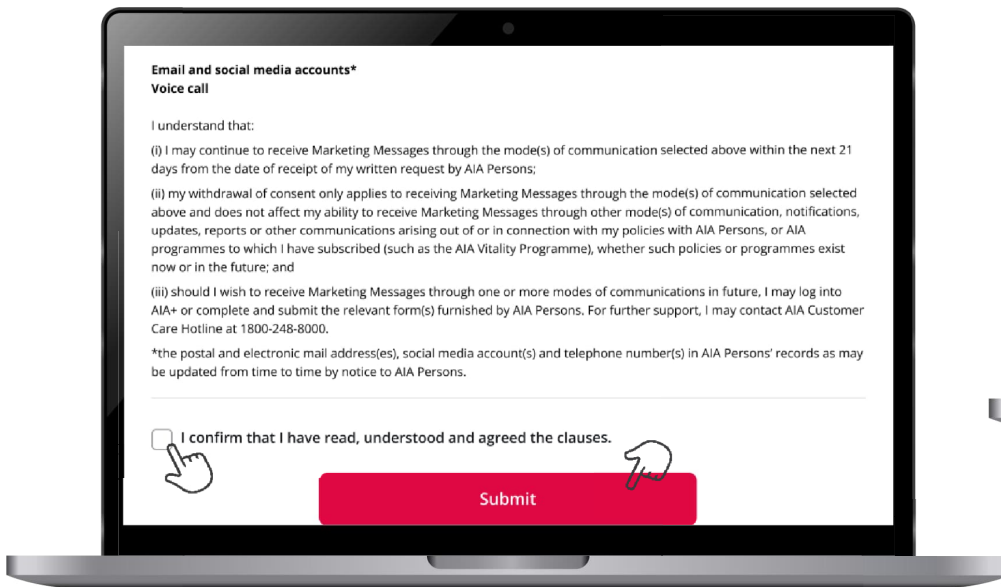


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Marketing consent

05 Giving / Withdrawing consent



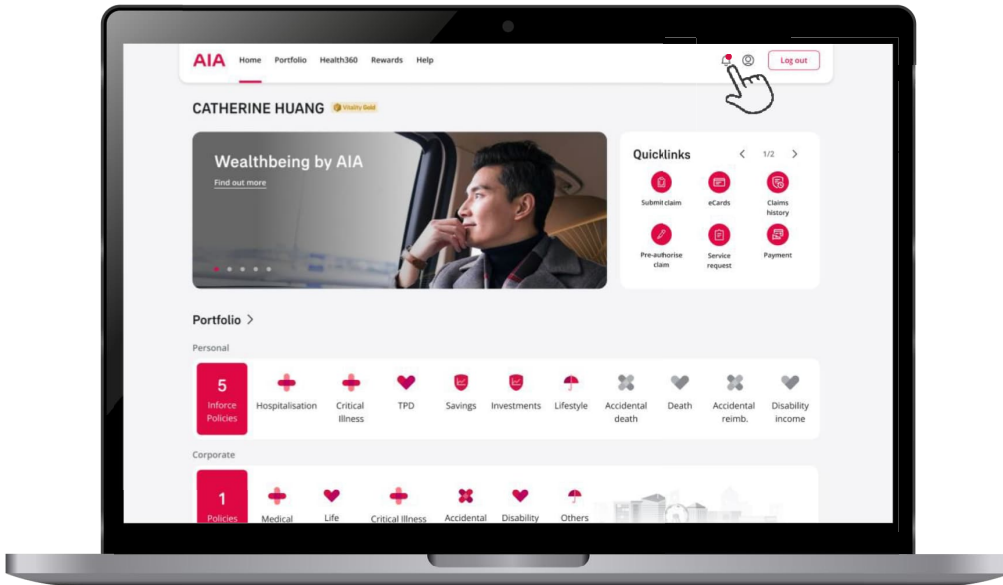
06 You have given / withdrawn your consent



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Notification

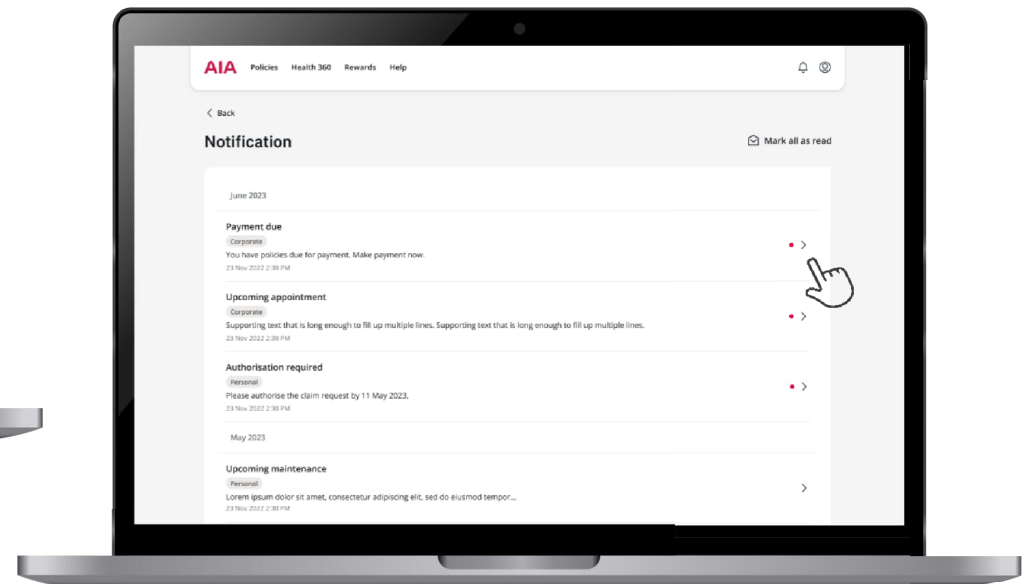


01

Under [Dashboard](#) Select Notification Bell Icon

02

Your notification summary



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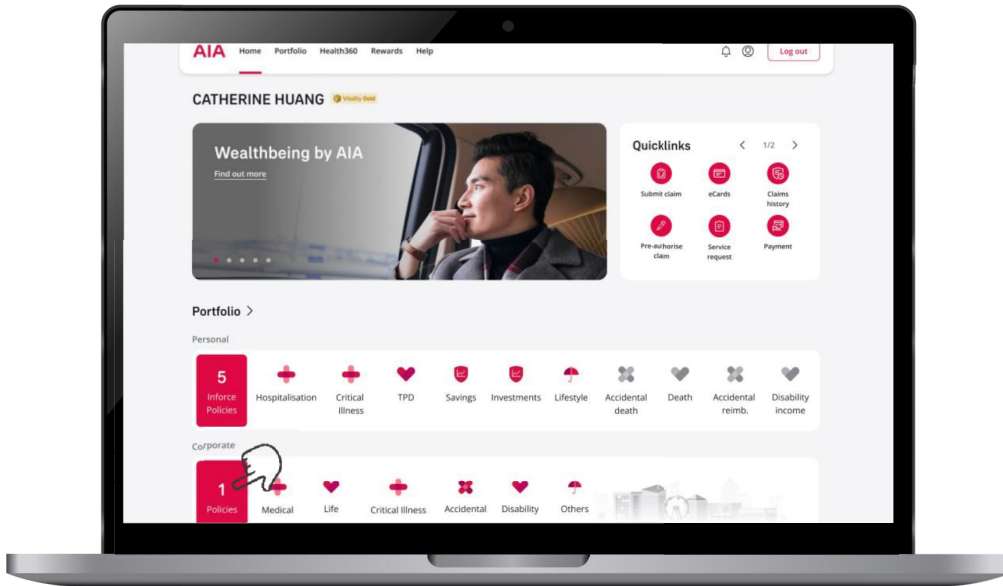
You're Covered



[Policy list](#) | [Coverage](#) | [Benefits](#) | [eHDF](#) | [Important task](#)

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Policy list

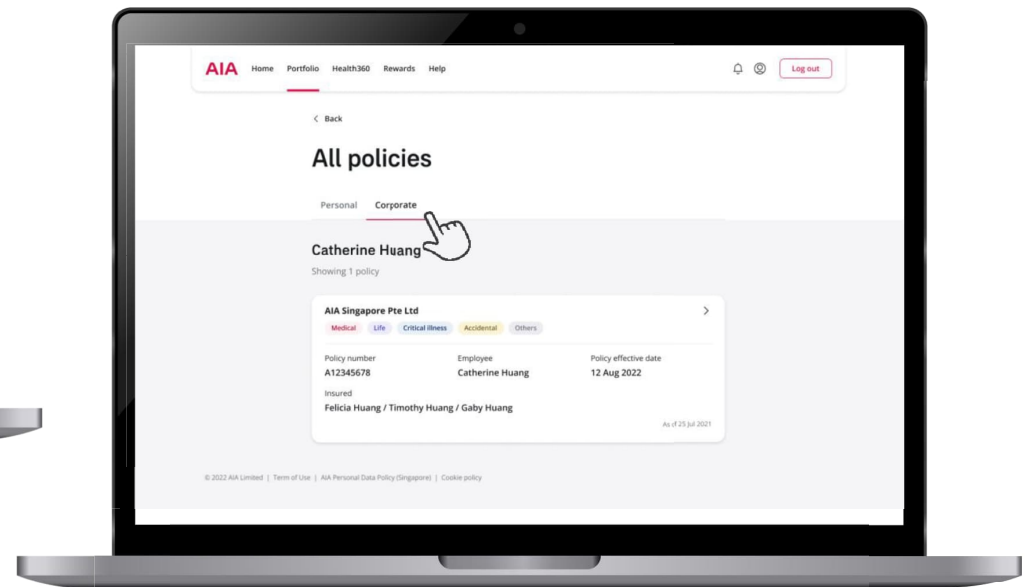


01

Under [Dashboard](#), Select Number of Policies

02

Corporate policy list



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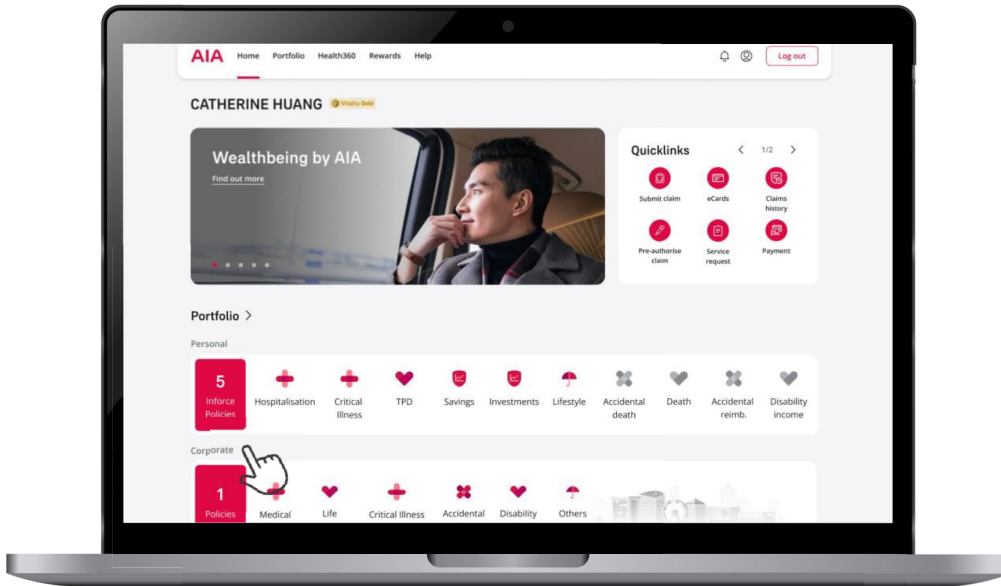
Others



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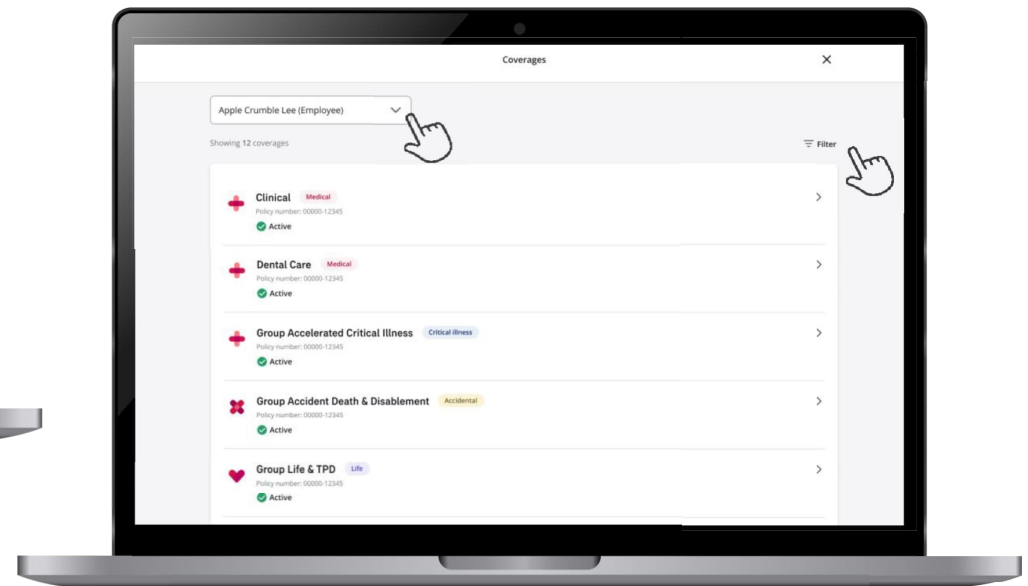
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Coverage



01 Under [Dashboard](#), Select Coverage

02 List of coverages by client & by insured (Filter where required)



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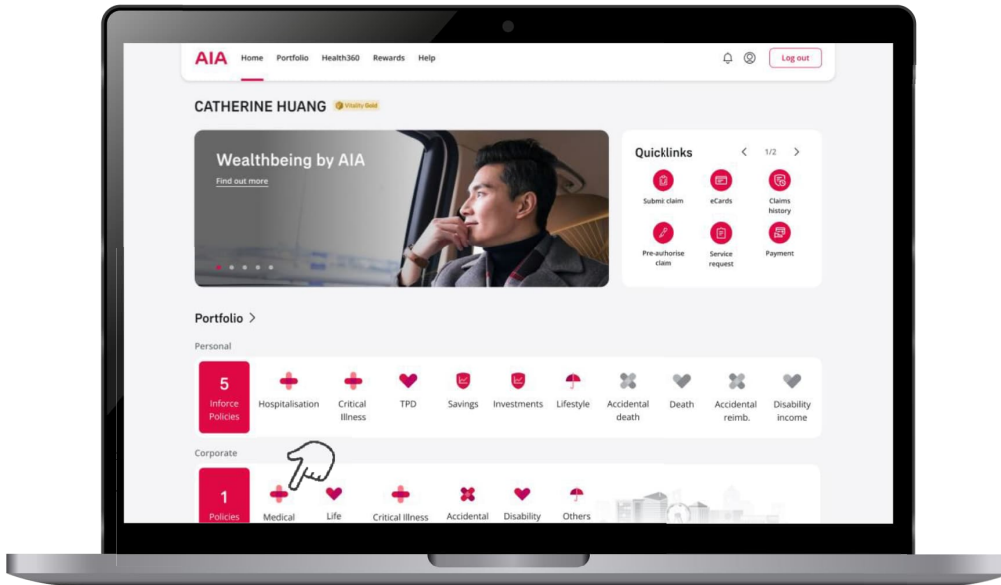
[Others](#)



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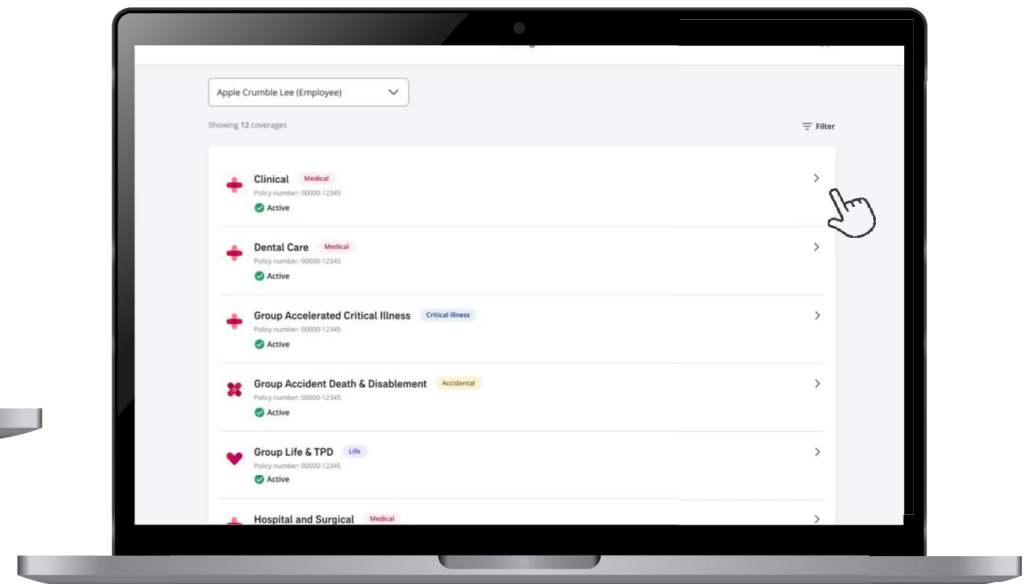
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Benefits



01 Under [Dashboard](#), Select Benefit

02 List of coverages by client & by insured



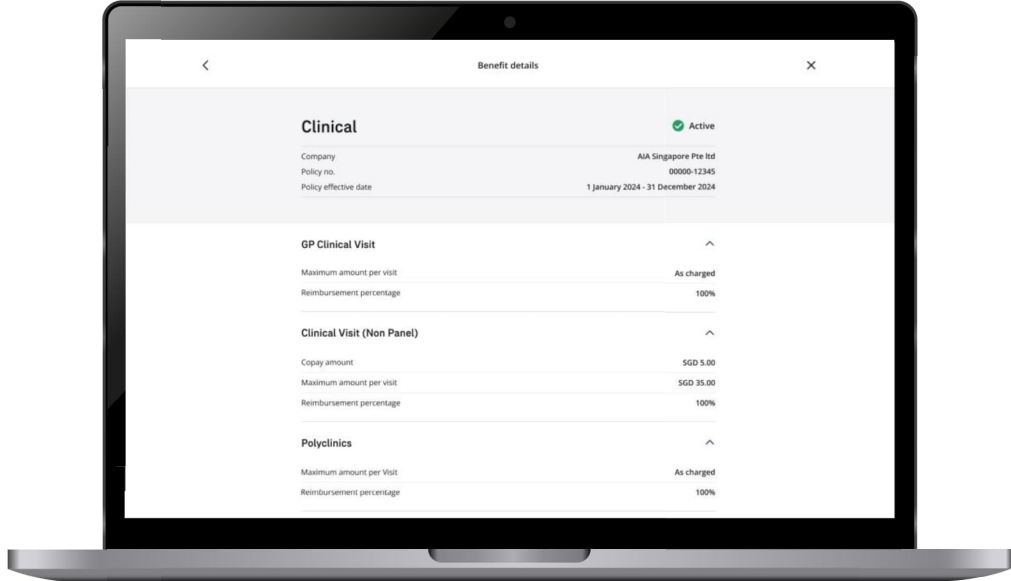
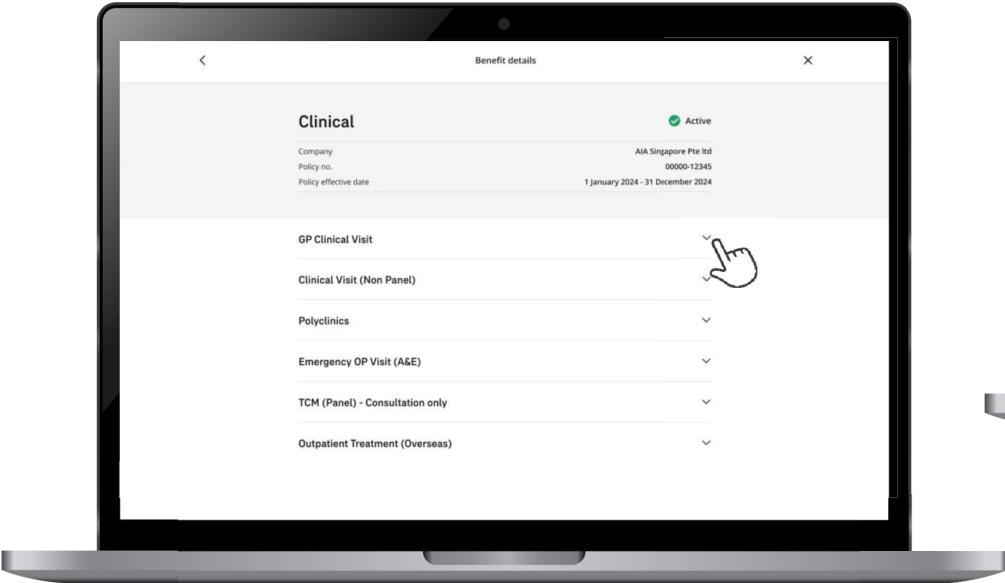
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Benefits

03 Overview of Benefits (expand for more details)

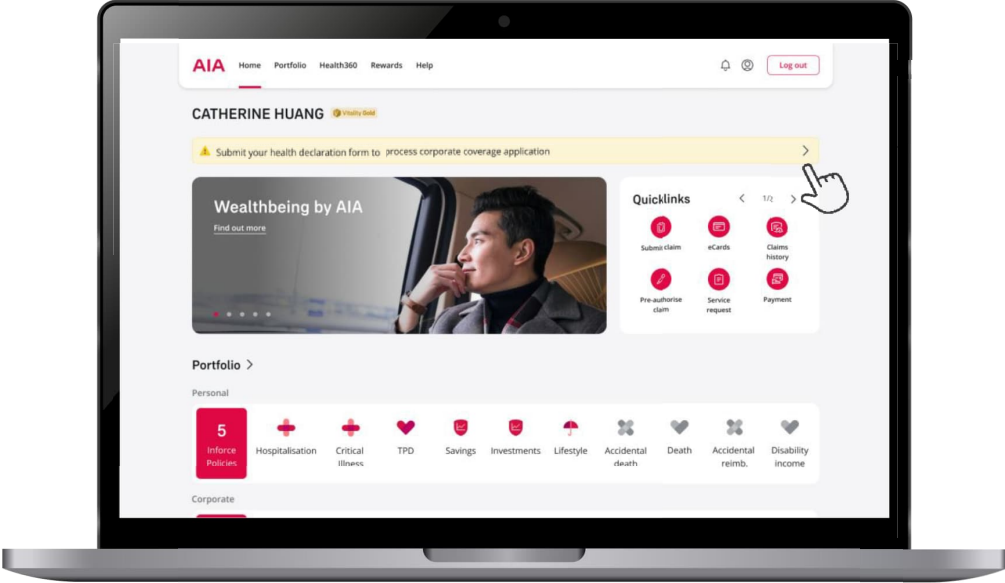


04 Benefit details expanded view



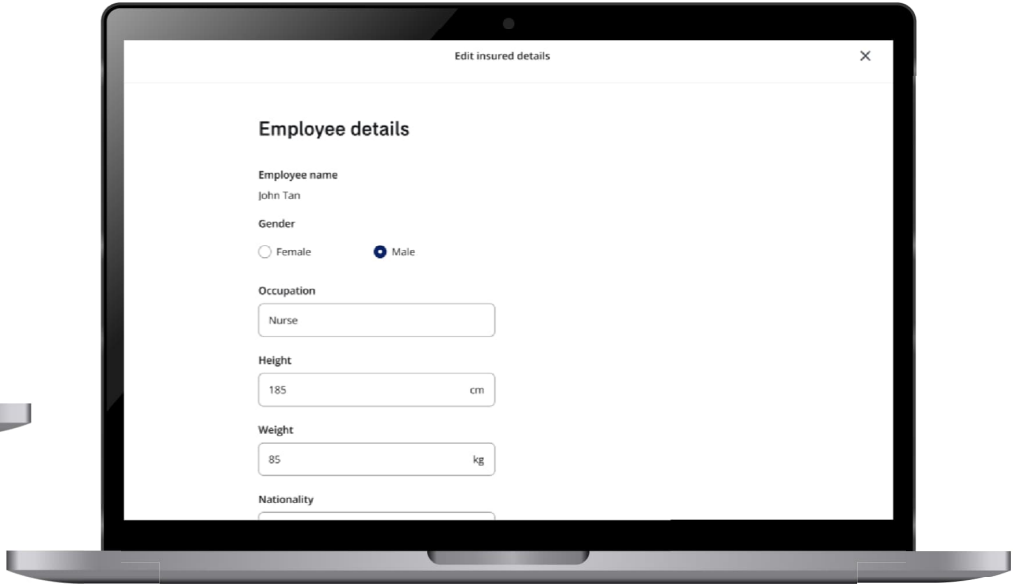
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Health Declaration Form (eHDF)



01 Under [Dashboard](#), Select Important Task Banner

02 Provide your details



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Health Declaration Form (eHDF)

5. Have you ever smoked cigarettes in the last 12 months?

Employee Yes No

6. a) Have you received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS Related Complex or any other AIDS related condition?

Employee Yes No

6. b) Have you ever had HIV testing done?

Employee Yes No

7. In the past 3 months, have you ever had any of the following symptoms for more than one week continuously: Fatigue, weight loss, enlarged node(s) or unusual skin lesion(s)?

Employee Yes No

8. In the past 5 years, have you ever undergone or been advised to undergo any medical

8. In the past 5 years, have you ever undergone or been advised to undergo any medical investigation(s) carried out on the recommendation of a doctor such as X-ray, Ultrasound, Heart scan, CT scan, Biopsy, Endoscopy, Gastroscopy, Colonoscopy, Surgical operation, etc.?

Employee Yes No

9. Have you EVER had or been told you had or been treated for:

a) Asthma, coughing with blood, pneumonia, tuberculosis, bronchitis, breathing discomfort or breathlessness and/or any other lung disease / disorder?

Employee Yes No

b) Rheumatic fever, high blood pressure, heart murmur, heart attack, coronary artery disease, mitral valve prolapse, or other heart valve disorder, irregular or fast heart rate, chest discomfort or chest pain, and / or any disease or disorder of the heart or blood vessels?

Employee Yes No

c) Renal / bladder stone(s), albumin / protein in urine, blood or sugar in urine, urine infection or

03

Provide your details.



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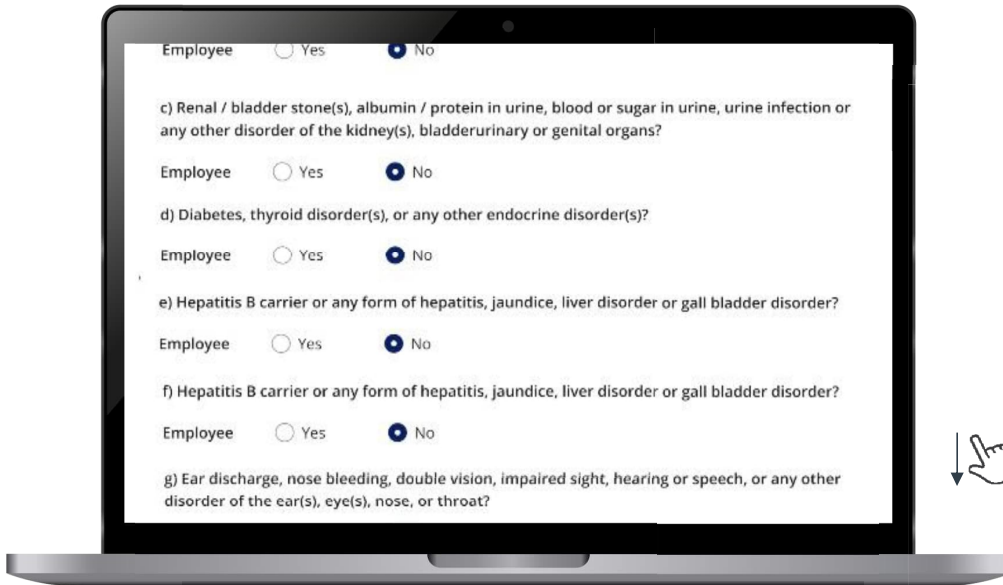
Others



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Health Declaration Form (eHDF)



Employee Yes No

c) Renal / bladder stone(s), albumin / protein in urine, blood or sugar in urine, urine infection or any other disorder of the kidney(s), bladder/urinary or genital organs?

Employee Yes No

d) Diabetes, thyroid disorder(s), or any other endocrine disorder(s)?

Employee Yes No

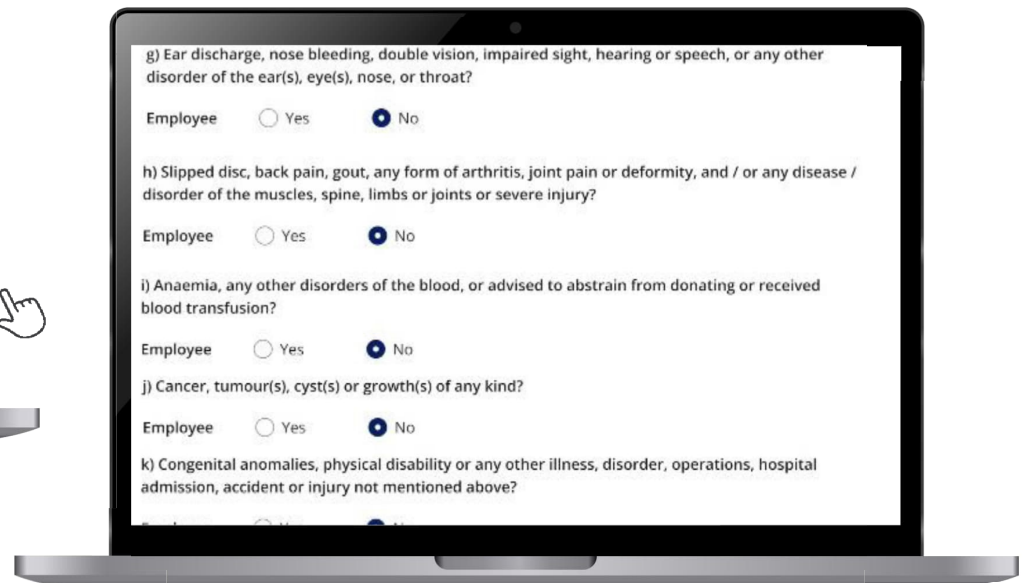
e) Hepatitis B carrier or any form of hepatitis, jaundice, liver disorder or gall bladder disorder?

Employee Yes No

f) Hepatitis B carrier or any form of hepatitis, jaundice, liver disorder or gall bladder disorder?

Employee Yes No

g) Ear discharge, nose bleeding, double vision, impaired sight, hearing or speech, or any other disorder of the ear(s), eye(s), nose, or throat?



g) Ear discharge, nose bleeding, double vision, impaired sight, hearing or speech, or any other disorder of the ear(s), eye(s), nose, or throat?

Employee Yes No

h) Slipped disc, back pain, gout, any form of arthritis, joint pain or deformity, and / or any disease / disorder of the muscles, spine, limbs or joints or severe injury?

Employee Yes No

i) Anaemia, any other disorders of the blood, or advised to abstain from donating or received blood transfusion?

Employee Yes No

j) Cancer, tumour(s), cyst(s) or growth(s) of any kind?

Employee Yes No

k) Congenital anomalies, physical disability or any other illness, disorder, operations, hospital admission, accident or injury not mentioned above?

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Health Declaration Form (eHDF)

1. a) Have you ever been to any doctor for a Pap Smear (cervical smear)?
Employee Yes No

1. b) Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within 6 months?
Employee Yes No

1. c) Have you ever been found to have or are you aware of any breast cyst (s) / lump (s) / nodule (s) or any other disease or disorder of the breast (s) ?
Employee Yes No

1. d) Have you ever suffered from irregular, painful or unusually heavy menstruation, fibroid (s), cyst(s) or any other disorder involving the female organ(s)?
Employee Yes No



1. d) Have you ever suffered from irregular, painful or unusually heavy menstruation, fibroid (s), cyst(s) or any other disorder involving the female organ(s)?
Employee Yes No

1. a) Were there any complication(s) noted during any of your pregnancy such as gestational diabetes, hypertension etc.
Employee Yes No

1.1. Are you currently pregnant?
Employee Yes No

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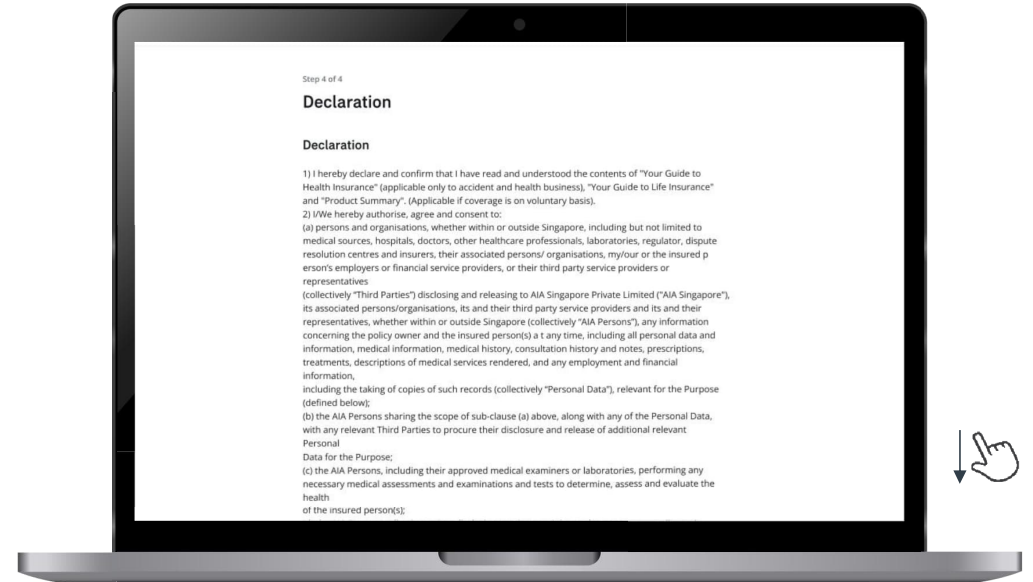
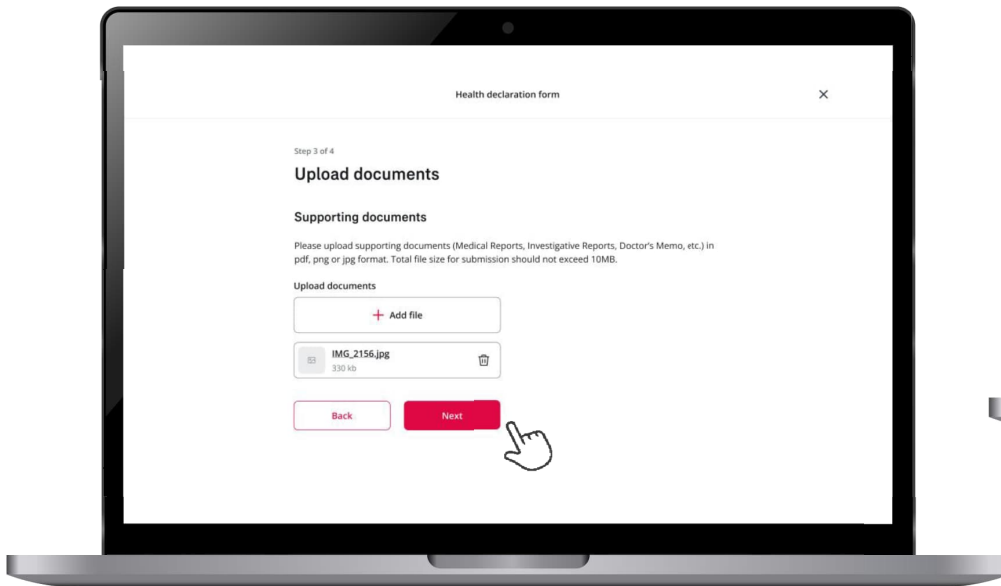


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Health Declaration Form (eHDF)

04 Upload supporting documents



05 Declaration (sample)

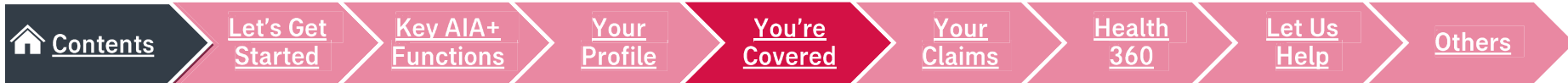
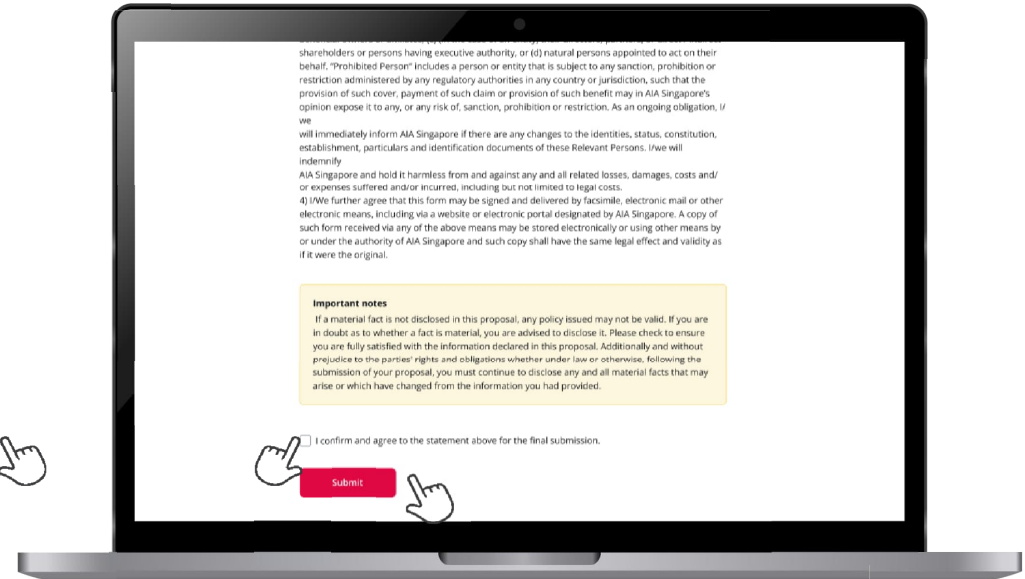
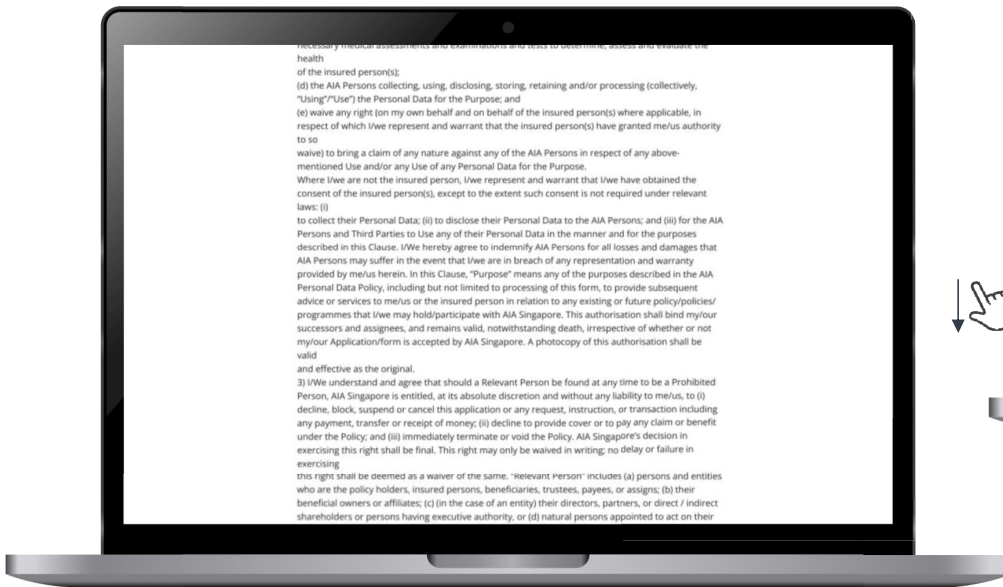


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Health Declaration Form (eHDF)

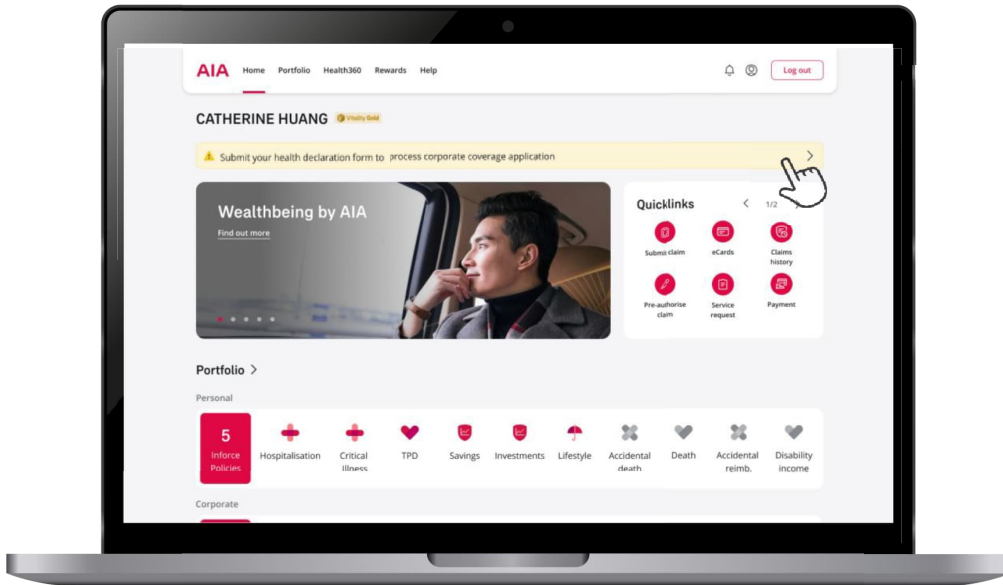
05 Declaration (sample)



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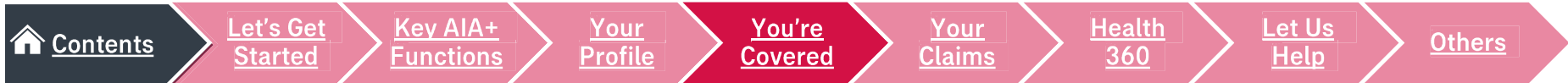
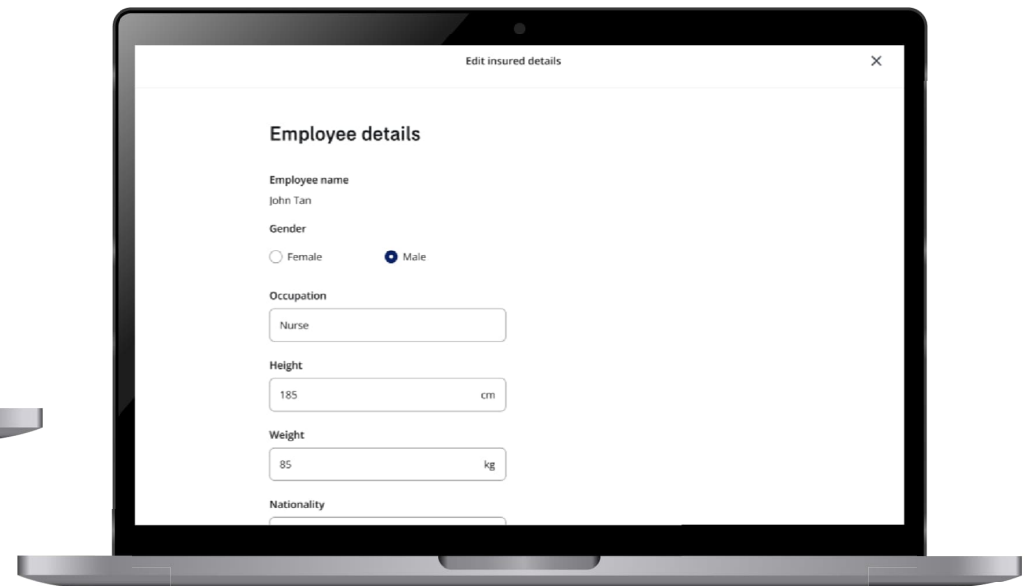
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Important task (eHDF)



01 Under [Dashboard](#), Select Important Task Banner

02 You will be directed to the [eHDF](#) flow

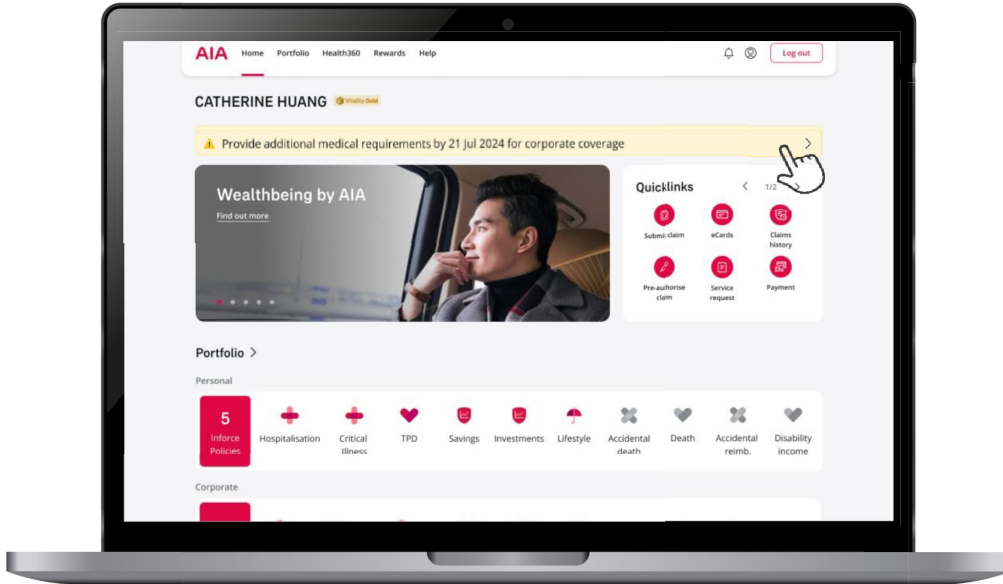


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Important task (eDocuments)

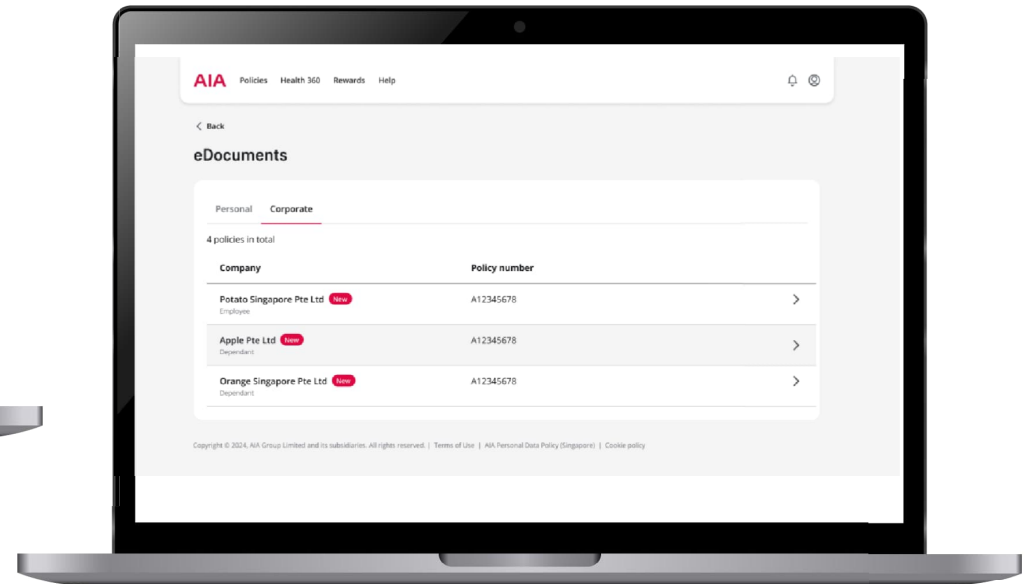


01

Under [Dashboard](#), Select Important Task Banner

02

You will be directed to the [eDocuments](#) flow



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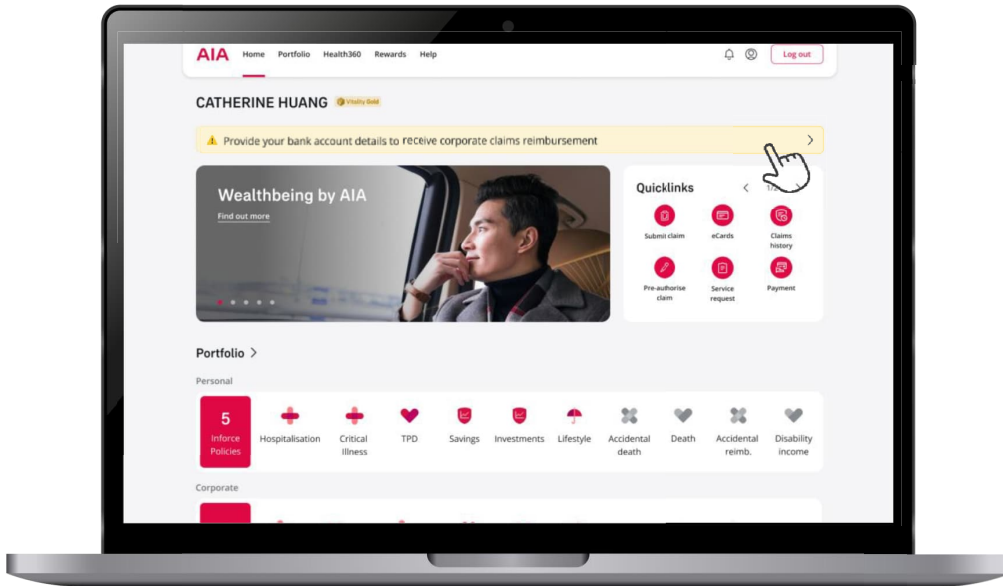
Others



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Important task (Profile)

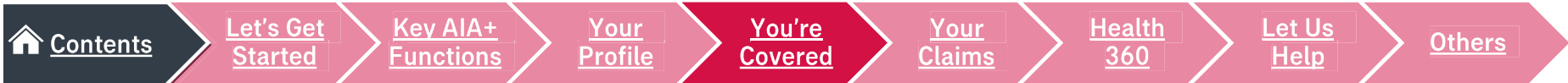
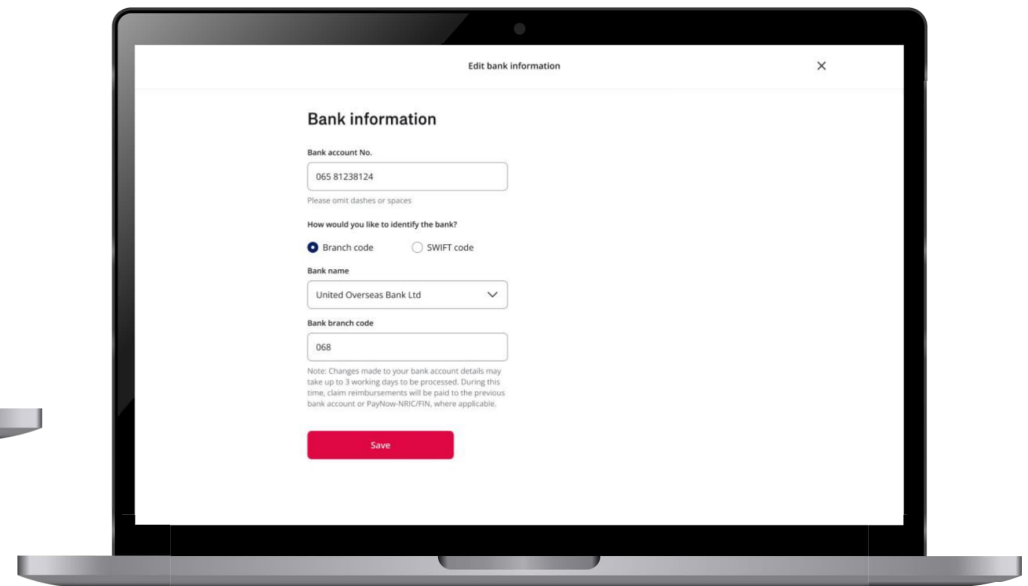


01

Under [Dashboard](#), Select Important Task Banner

02

You will be directed to the [Personal Information](#) flow

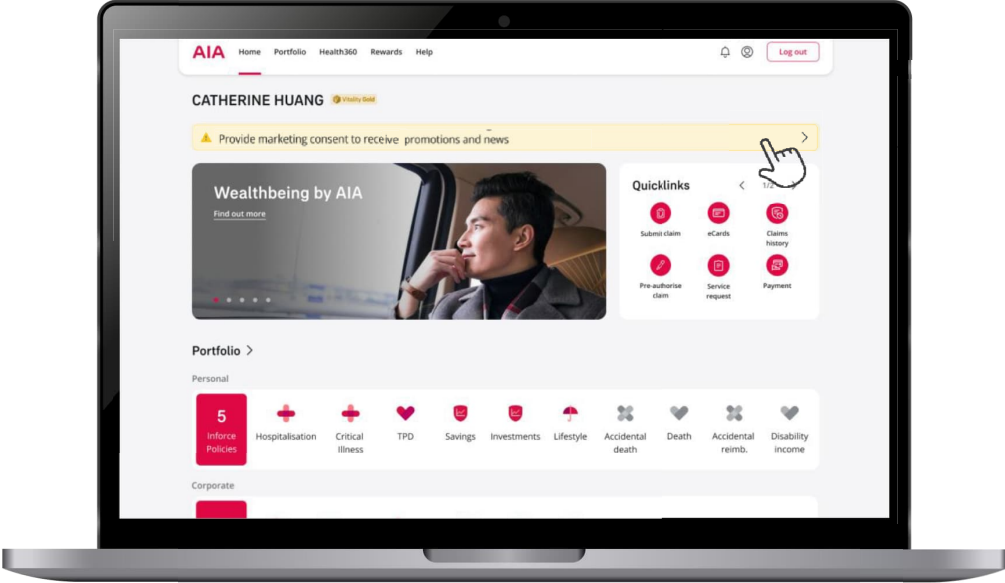


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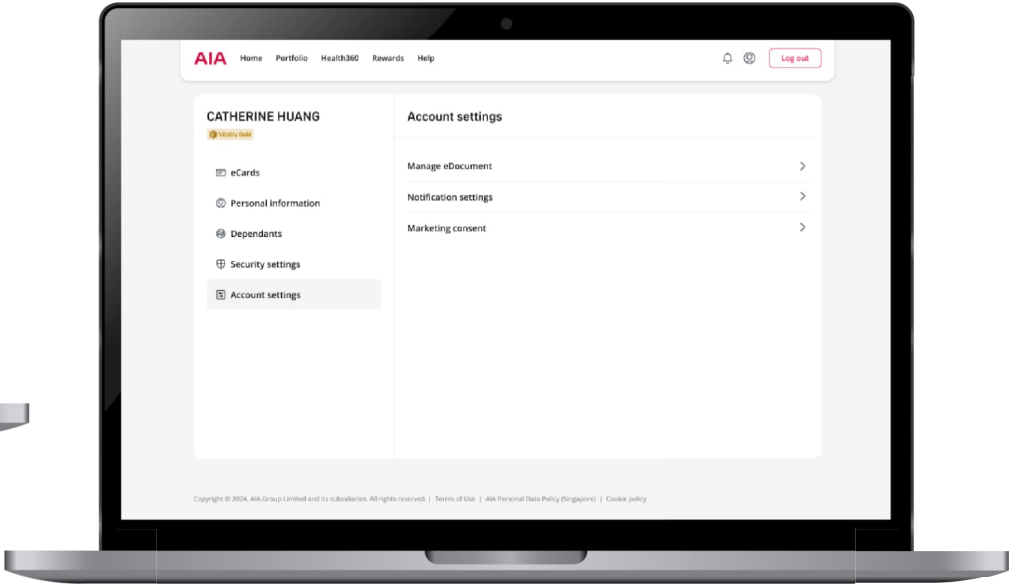
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Important task (Personal Information)



01 Under [Dashboard](#), Select Important Task Banner

02 You will be directed to the [Marketing Consent](#) flow



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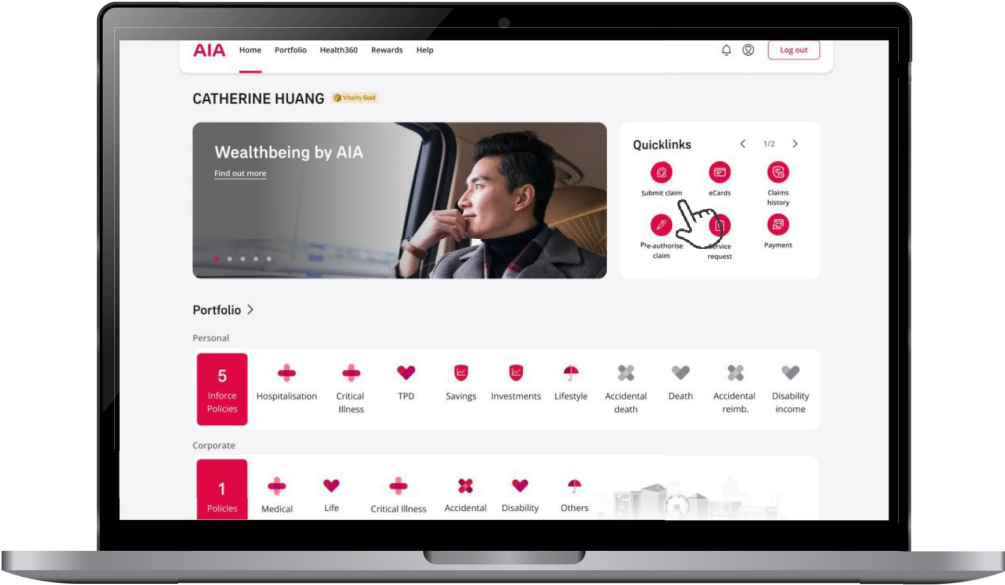
Your Claims



[Submit claim](#) | [Claim history](#)

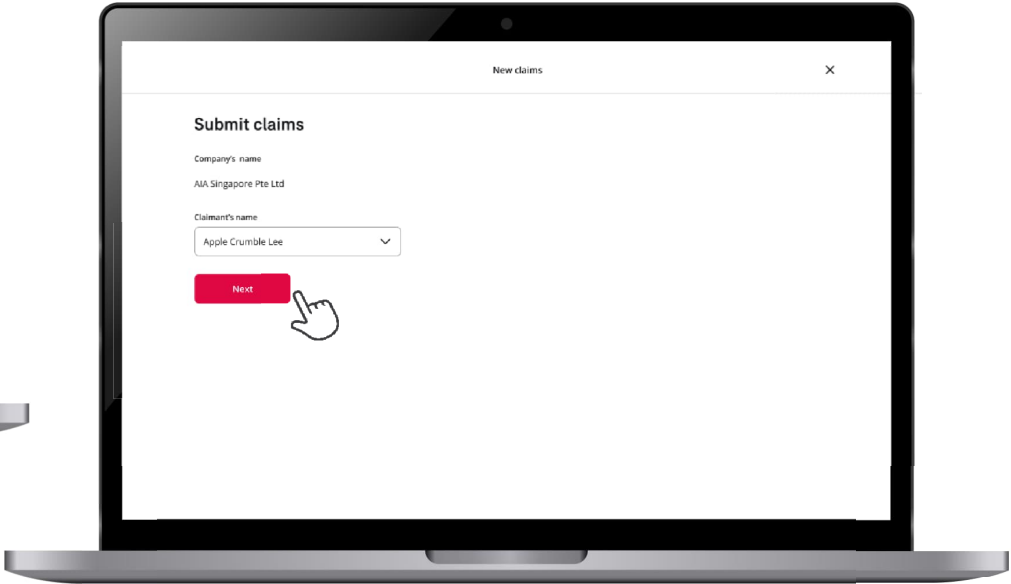
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Submit claim



01 Under [Dashboard](#), select Submit Claim

02 Select Claimant



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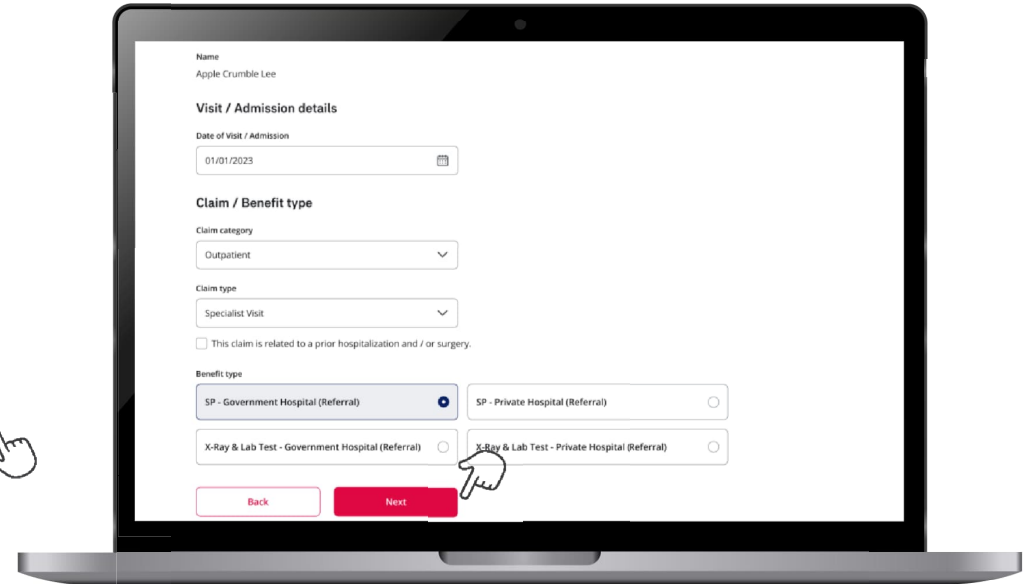
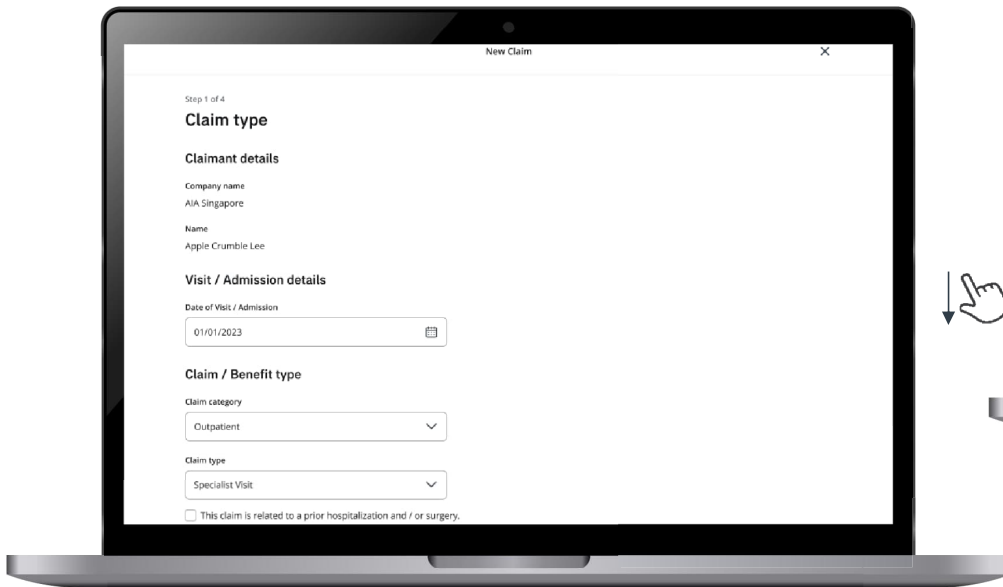


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Submit claim

03

Complete Claim Type (scroll to view more)



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Submit claim

Step 2 of 4
Claim details

Clinic / Hospitalisation details

Name of clinic / Hospital
@Just Braces Dental Care

Diagnosis details

Diagnosis
Z01.2 Dental examination / checkup / consultation

Diagnosis details / remarks
General checkup

Bill details

Total / Net Amount Payable
SGD 100

Excluding CHAS / subsidies / GST absorbed by the government
 I paid GST in the above amount



SGD 8.26

Does your bill show any deduction from MediSave? (Only applicable to Singaporeans/Permanent Residents)
 Yes No

Are you claiming from another insurer/policy (including integrated shield plans)?
 Yes No

Have you received the settlement letter from your third-party insurer?
 Yes No

Select a payment method for this claim
 Bank transfer PayNow via NRIC/FIN

Required documents
Please note that the following documents will be required to complete this submission

- Bills/Receipts
- CPF MediSave statement (if applicable). Please refer to [FAQ](#) on how to obtain this document.
- Third-party Settlement letter (if applicable)

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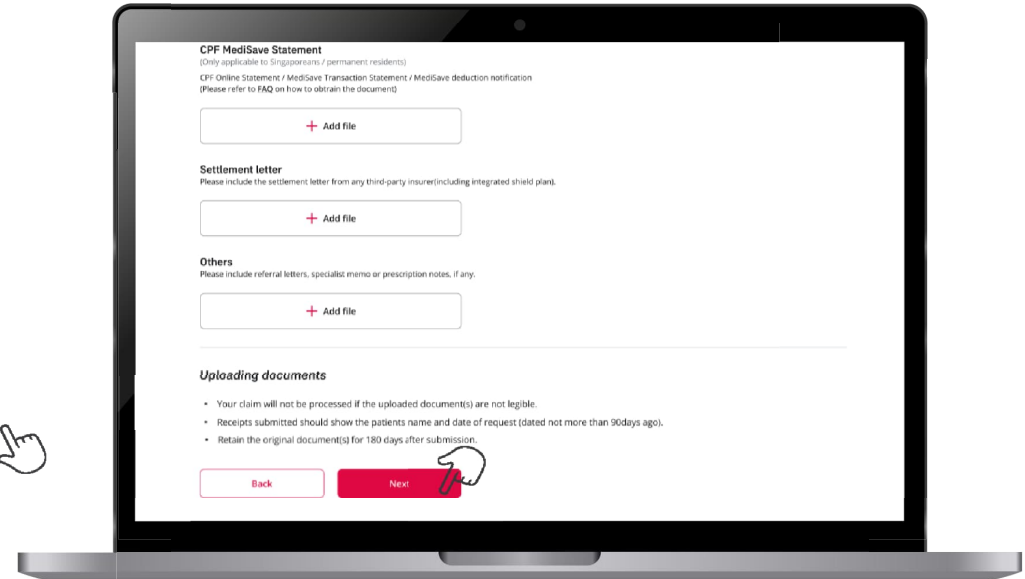
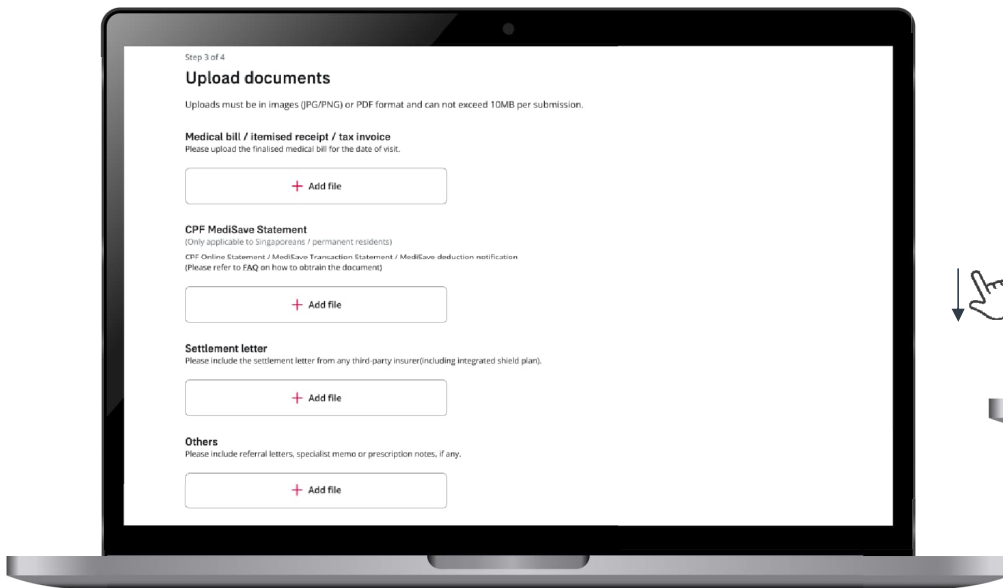


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Submit claim

05 Upload Documents (scroll to view more)

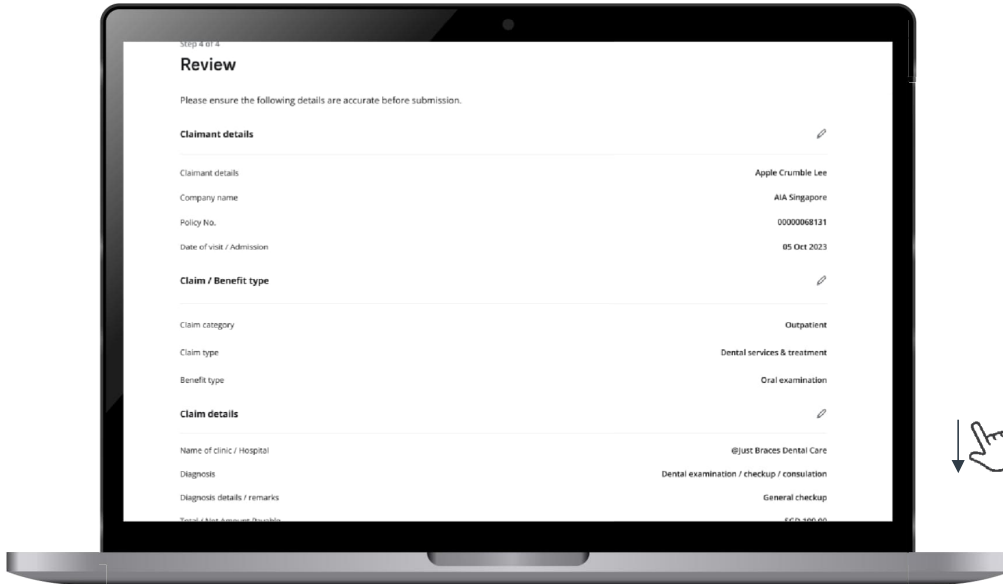


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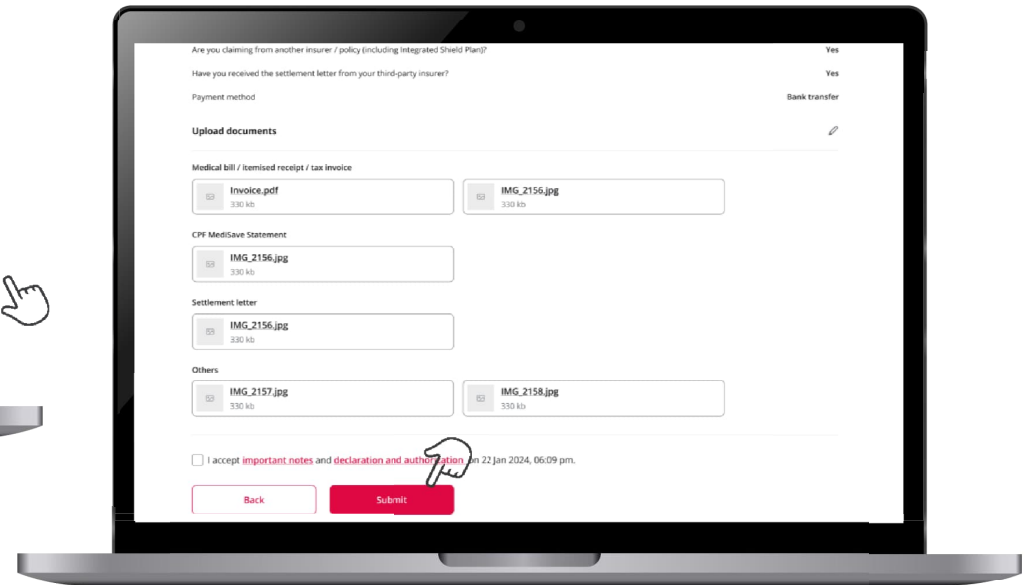
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Submit claim



06

Review your details (scroll to view more)

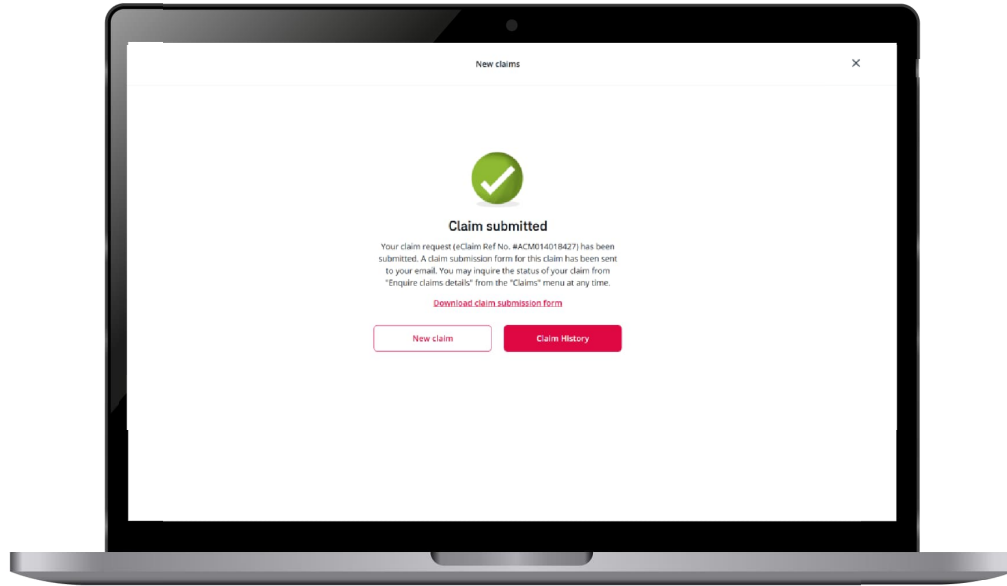


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Submit claim



07

You have successfully submitted your claims



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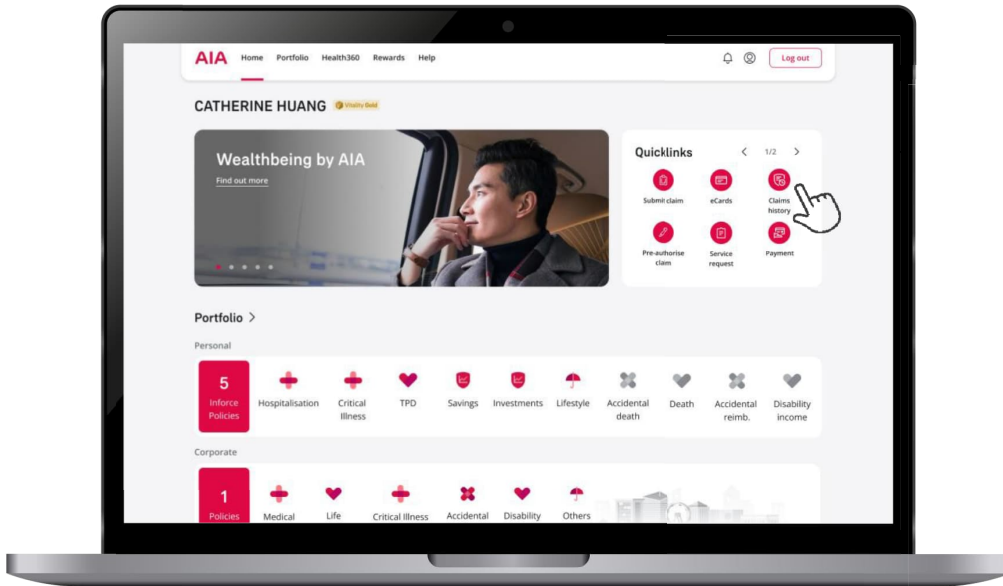
Others



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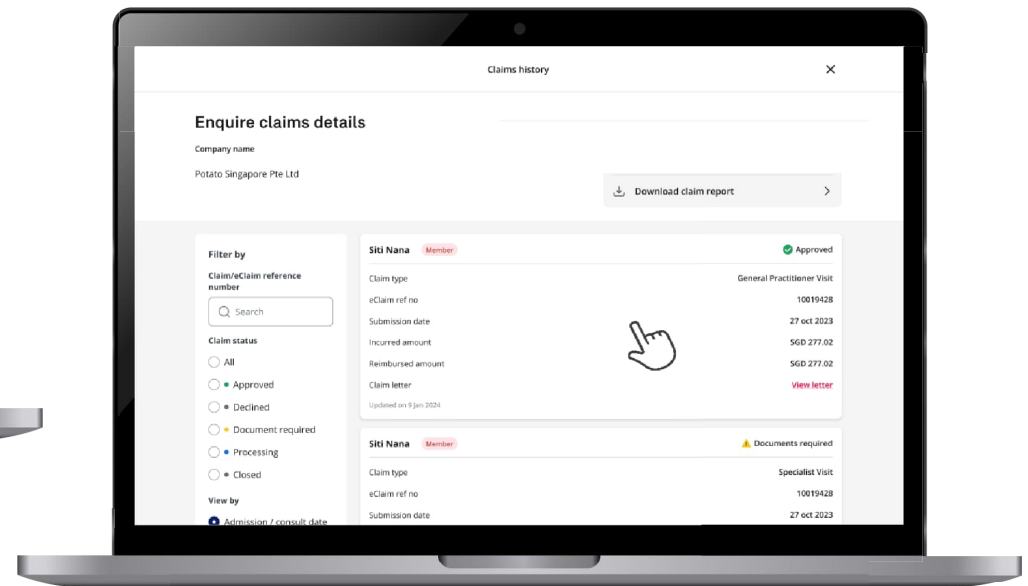
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Claim history



01 Under [Dashboard](#), select Claims history

02 Your claim history
(select individual claims for more details where required)



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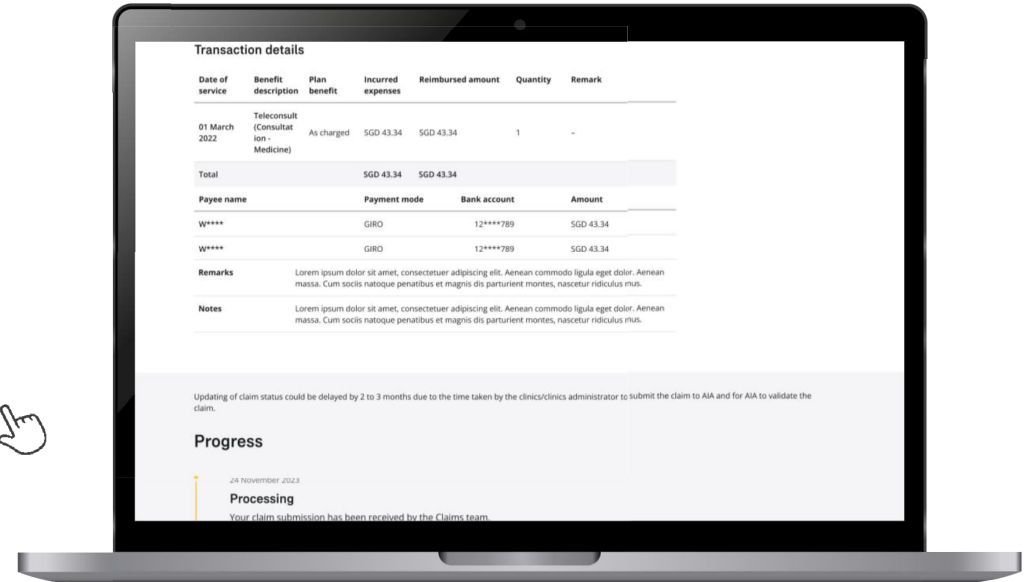
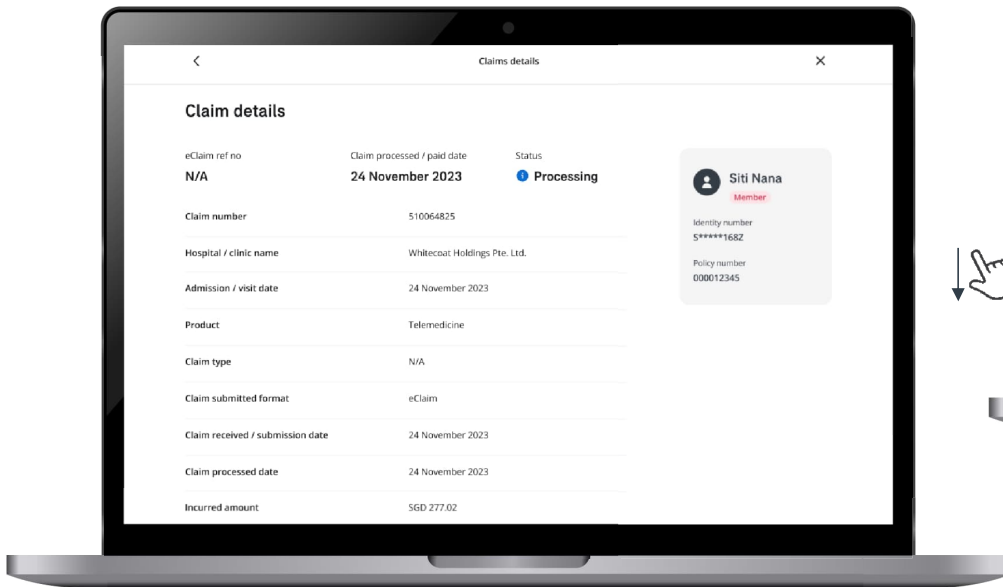


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Claim history

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Claims under processing (scroll for more details)



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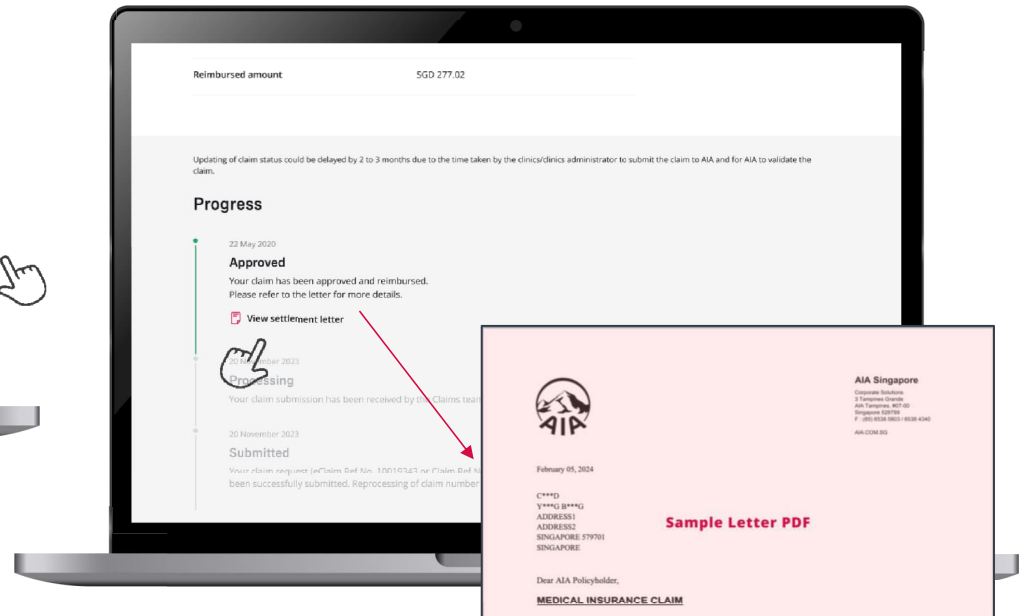
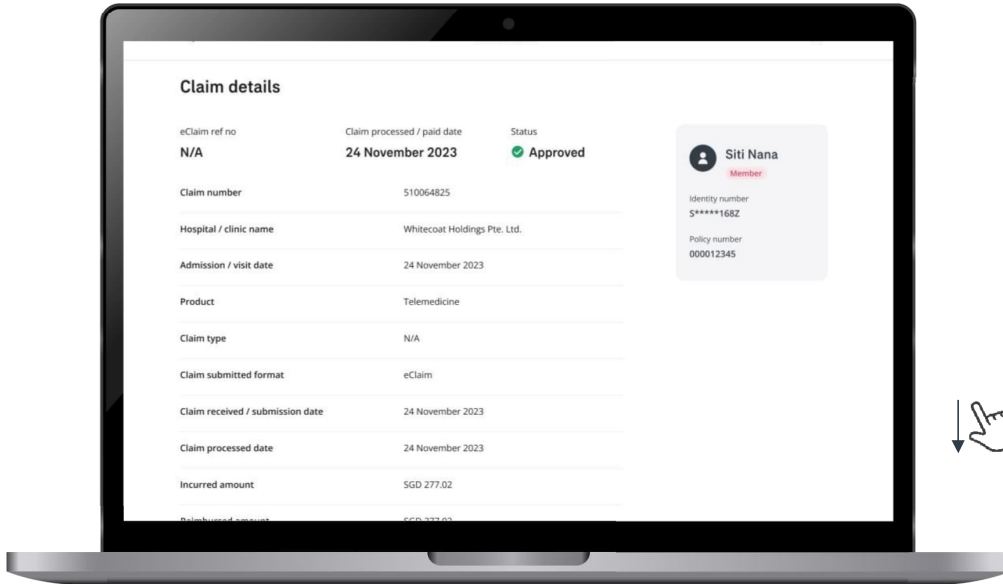
[Others](#)



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Claim history



04

Claims approved with settlement letter (scroll for more details)

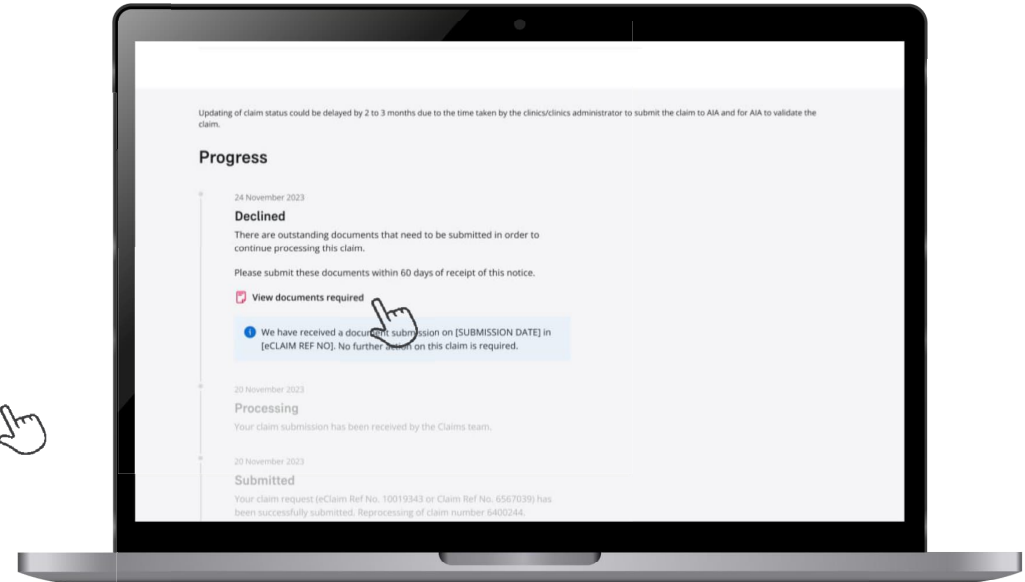
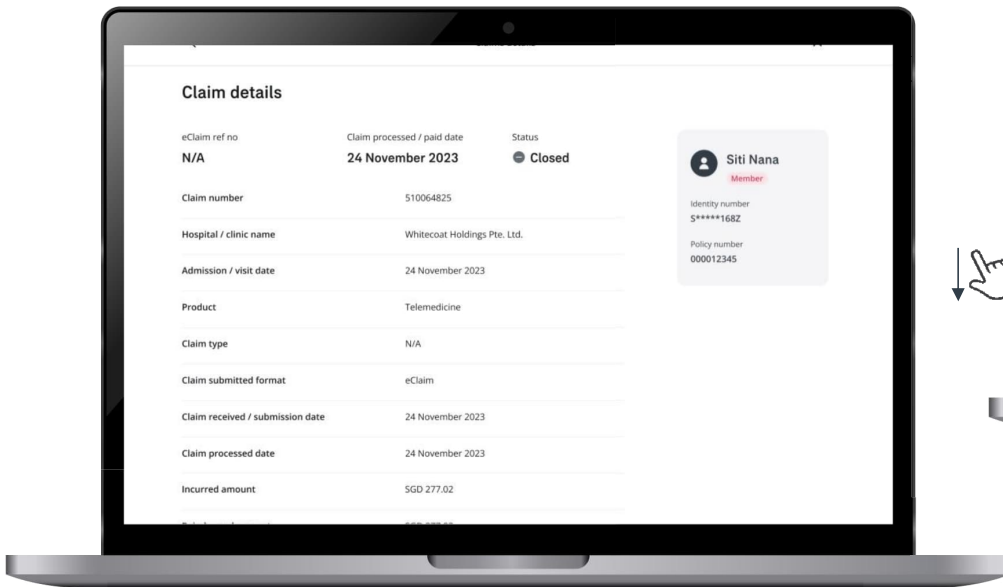


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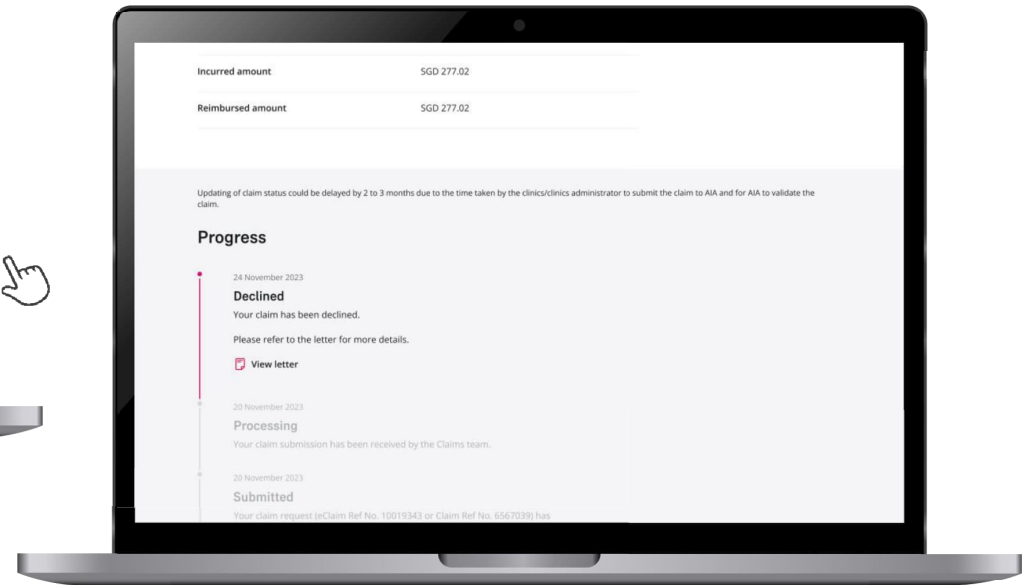
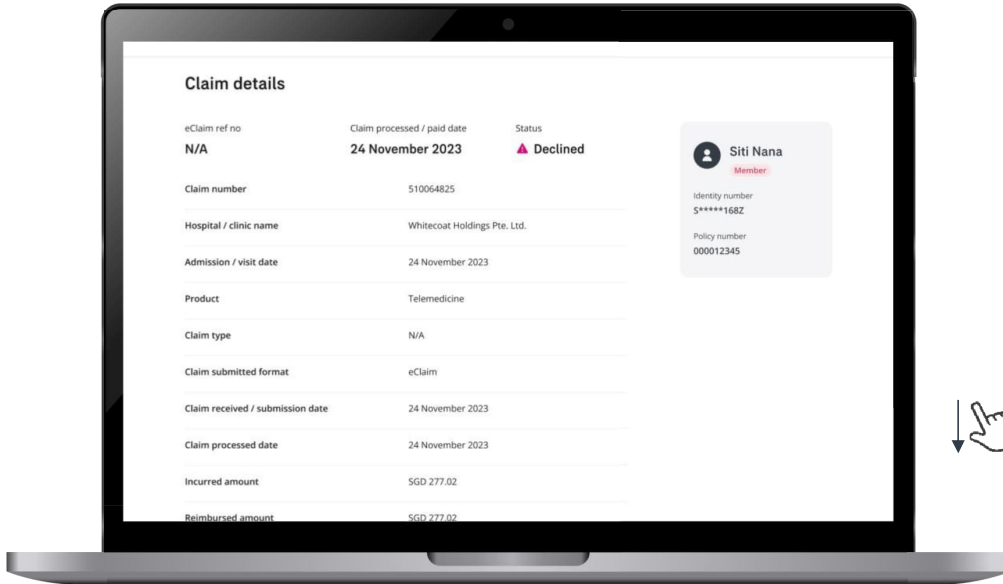
05 Additional documents required (scroll for more details)



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Claim history



06

Claims declined (scroll for more details)



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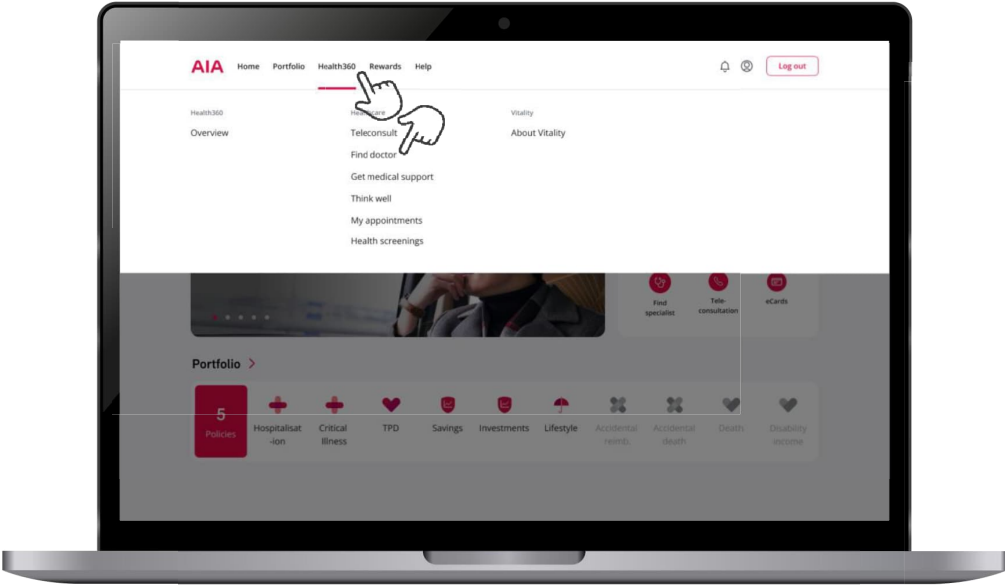
Health360



[Find doctor](#) | [Think Well](#) | [Get medical support](#)

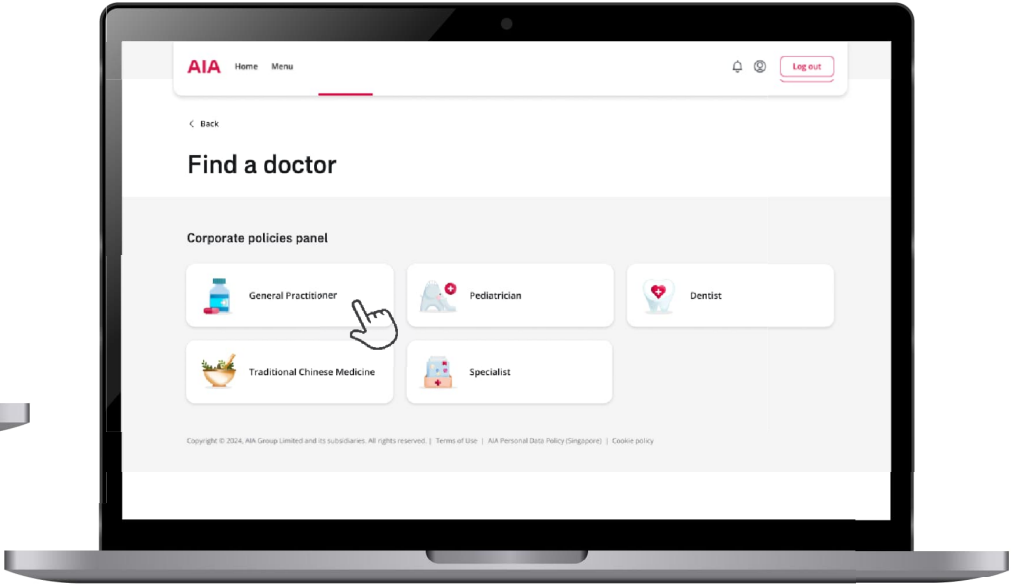
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Find doctor



01 Under [Dashboard](#), select Health360 in the Navigation Bar & Select Find doctor

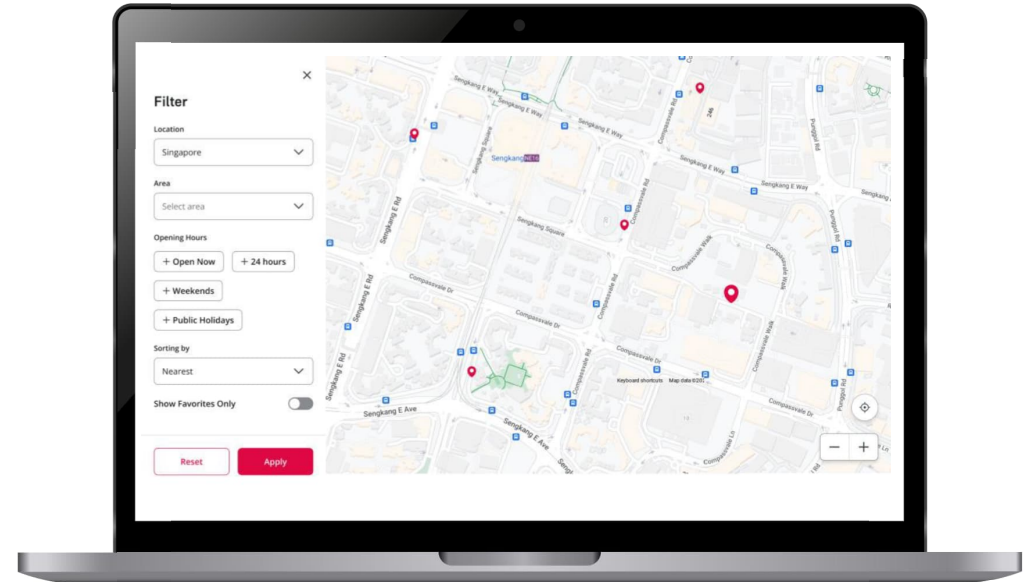
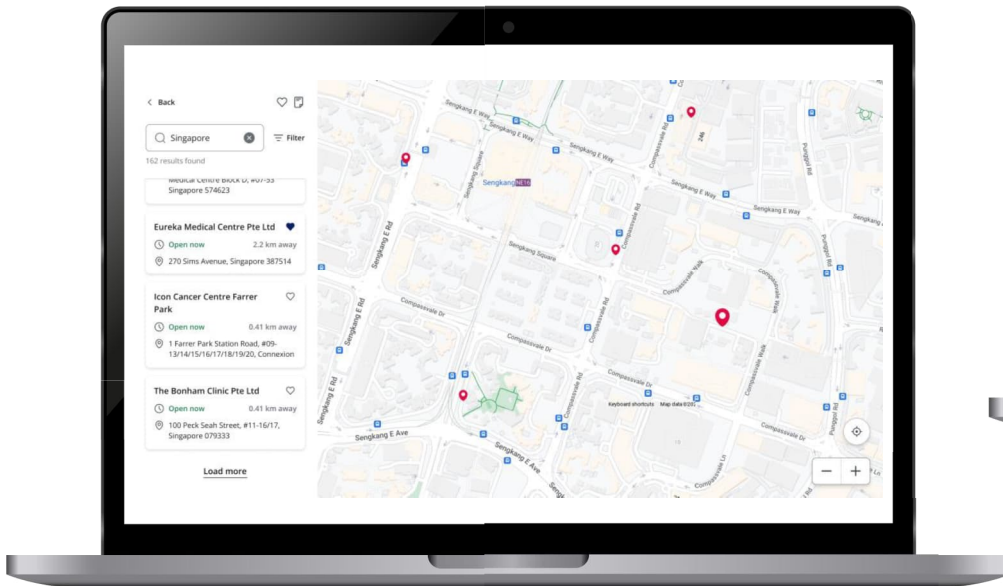
02 Select Options



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Find doctor

03 Search by Location name / Clinic Name / by map area



04 Filter by Location* / Panel / Area / Speciality^

*Location may differ depending on your policies
^Speciality is only applicable for Specialist

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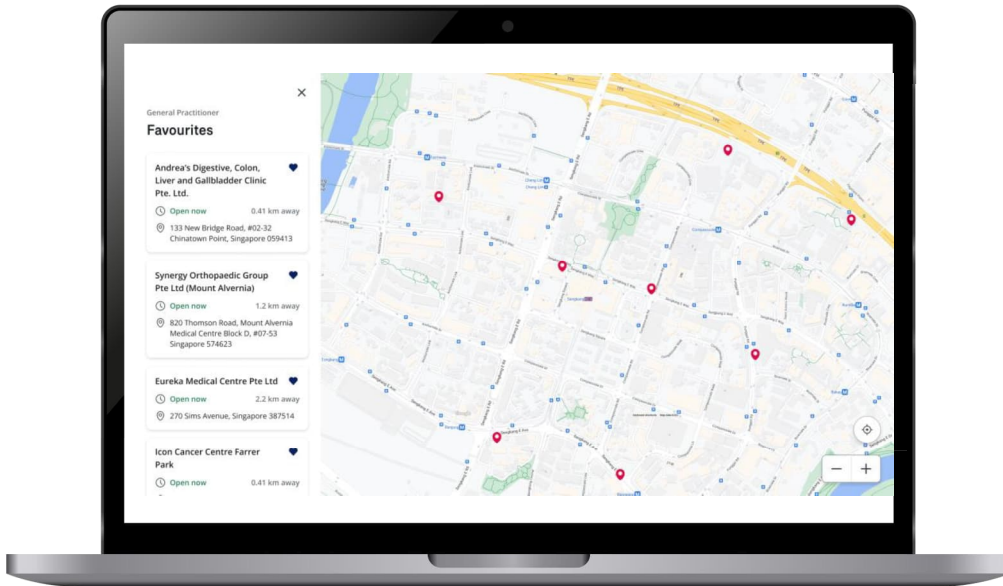
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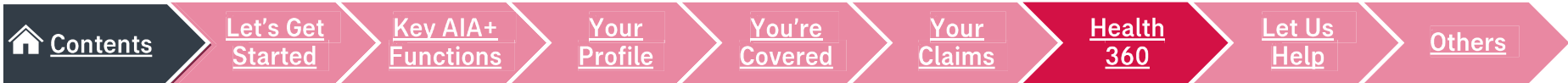
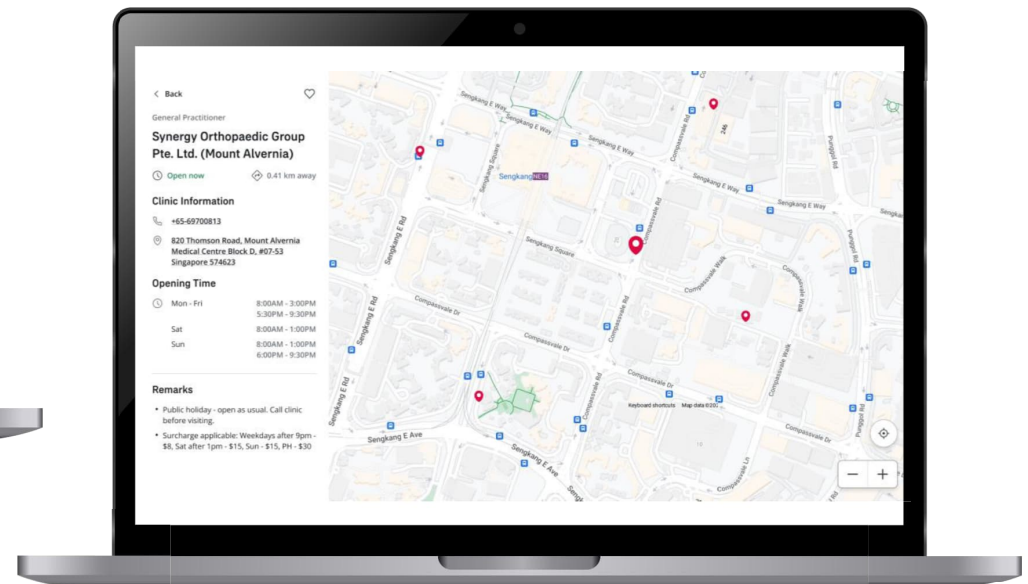
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Find doctor



05 Favourite List

06 Click on clinic for more details



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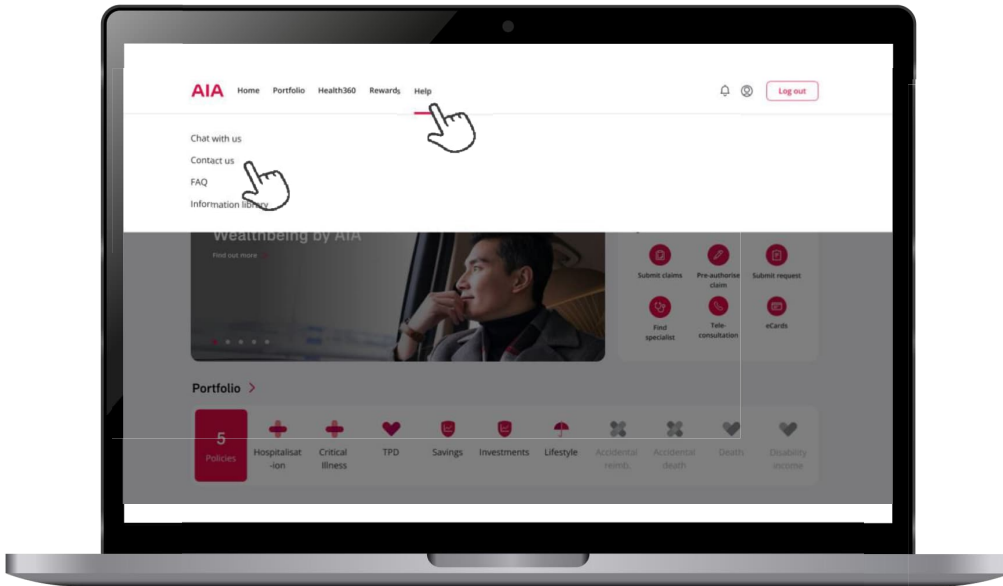
Let Us Help



[Contact us](#)

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Contact us

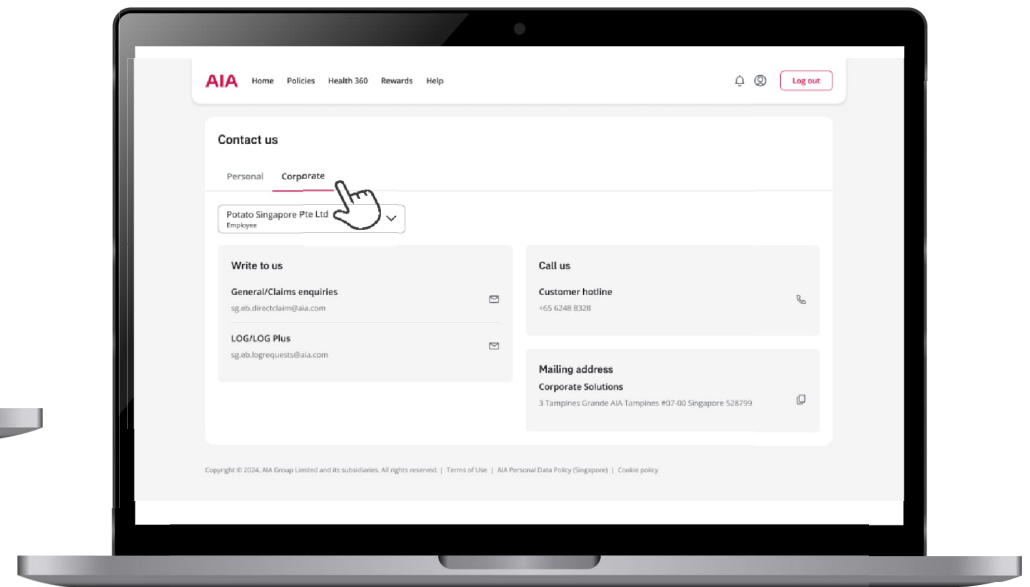


01

Under [Dashboard](#), select Help & Contact us

02

Select Corporate for Corporate Contact Us details



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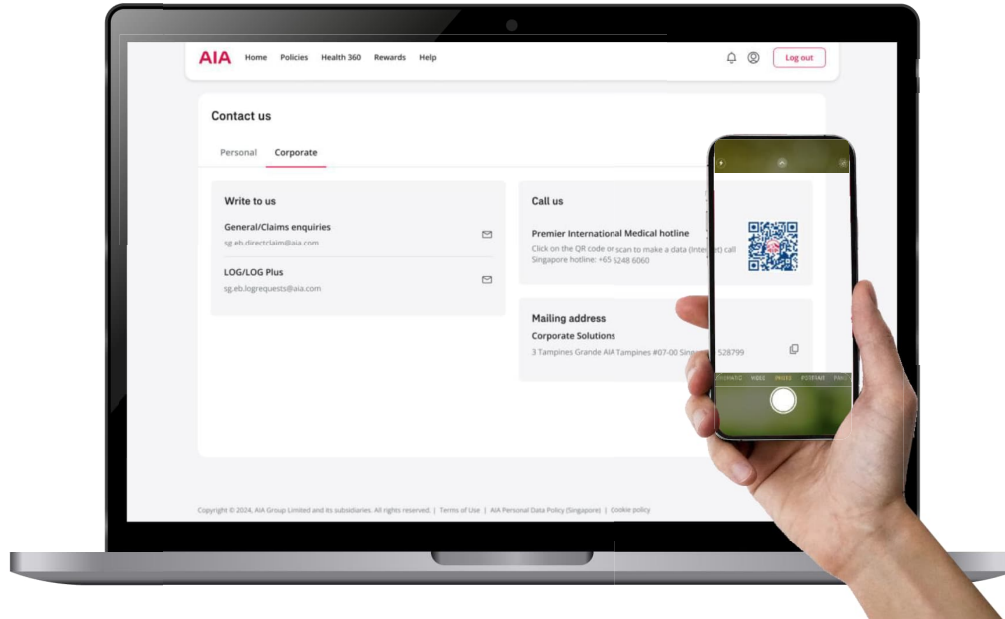
Others



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Contact us



03 Web Premier International Medical users may scan a QR code to contact us (where required)





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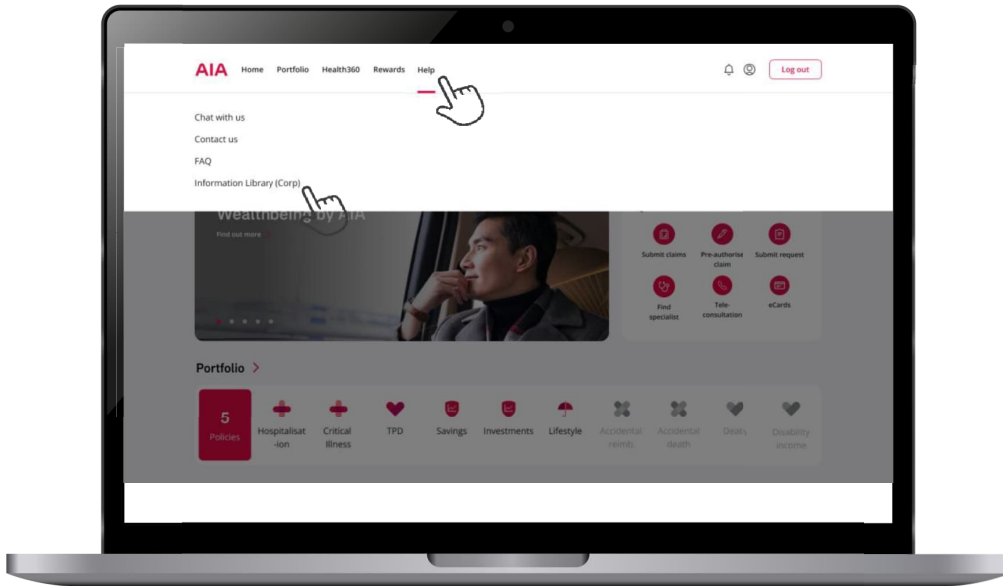
Others



[Information library](#) | [Common Terms](#)

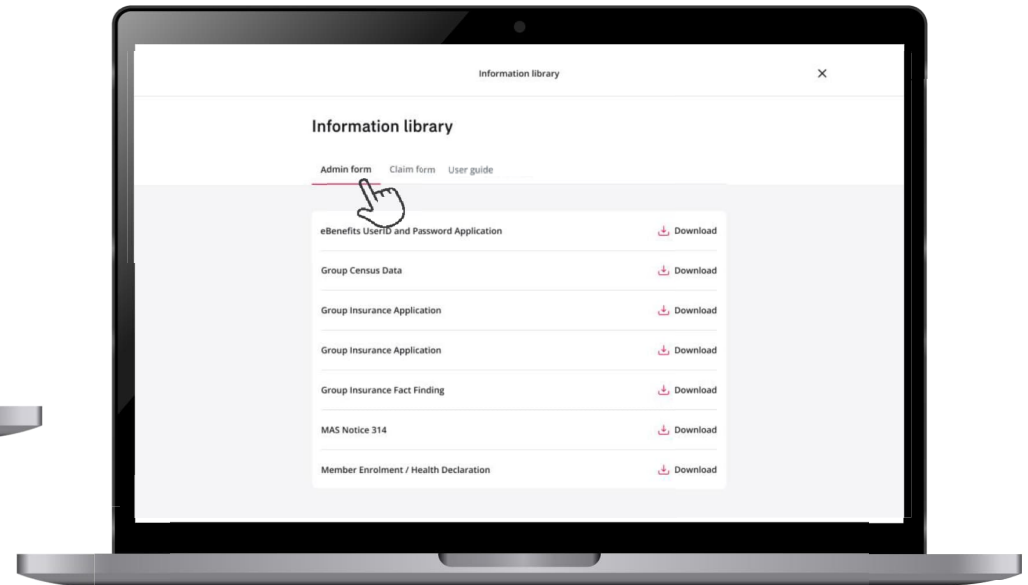
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Information Library



01 Under [Dashboard](#), select Help & Information Library

02 Admin related

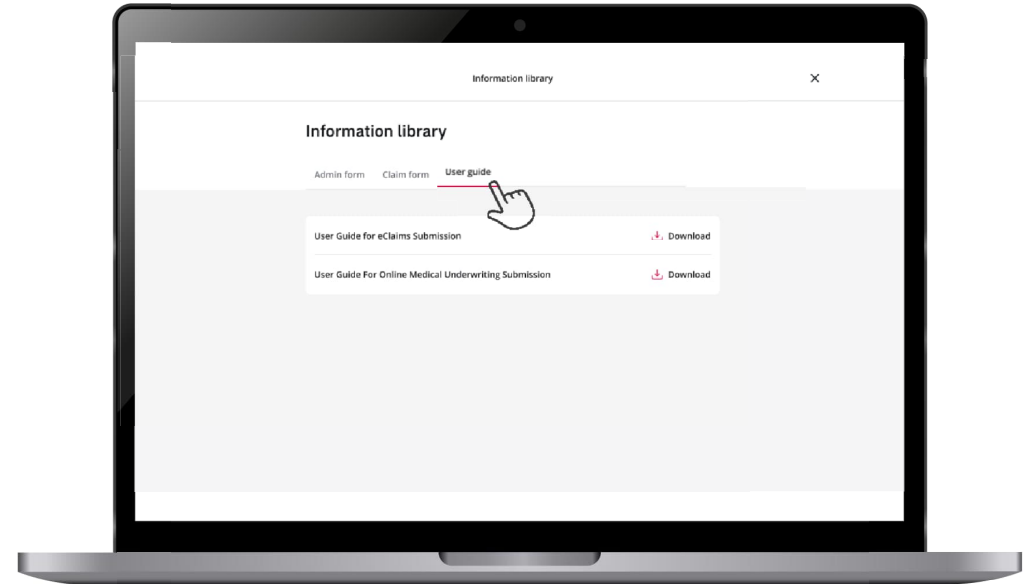
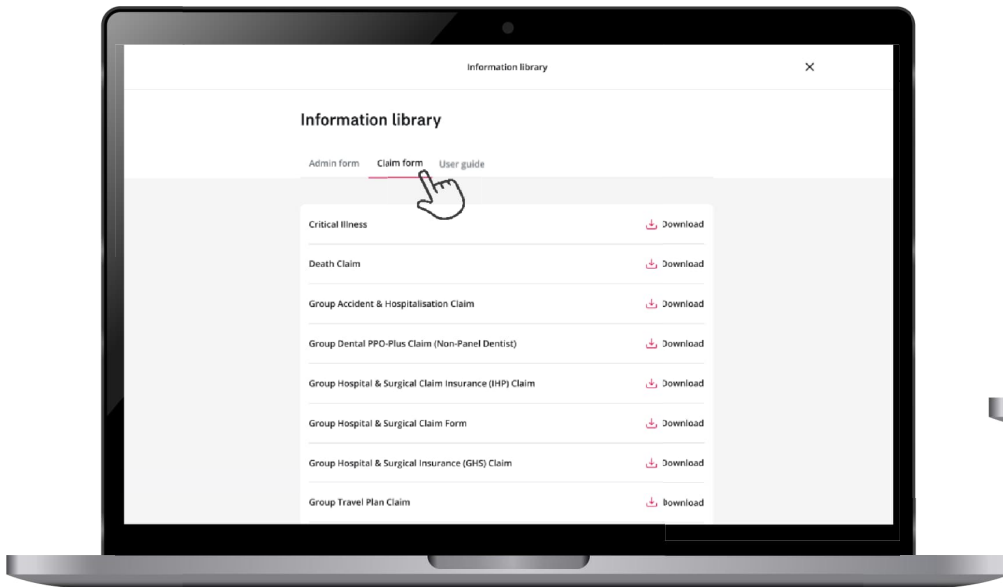


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Information Library

03 Claims related



04 User guide



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Common Terms

Abbrev	Description	Abbrev	Description	Abbrev	Description
AAW	Actively at Work	GLTC	Group Long Term Care	PPO	Preferred Provider Organisation
ASO	Administrative Service Only	GLTD	Group Long Term Disability	PTE	Private
CPF	Central Provident Fund	GMM	Group Major Medical	SMM	Supplementary Major Medical
CS	Corporate Solutions	GOV/GRH	Government / Restructured Hospital / Public Hospital	SP/GOS	Specialist Outpatient / Group Outpatient Specialist
DNC	Do Not Call Registry	GP/GOC	General Practitioner / Clinical Outpatient	TCM	Traditional Chinese Medicine
DOB	Date of Birth	GPA	Group Personal Accident	TPA	Third Party Administrator
EB	Employee Benefits	GPS	Global Positioning System		
EMM	Extended Major Medical	GST	Goods & Services Tax		
FAQ	Frequently asked questions	GTL	Group Term Life		
FIN	Foreign Identification Number	HDF	Health Declaration Form		
FW	Foreign Worker	IHS	Integrated HealthCare Solutions		
GADD	Group Accidental Death & Dismemberment	NRIC	National Registration Identity Card		
GCI	Group Critical Illness	PD	Paediatrician		
GDI	Group Disability Income	PDPA	Personal Data Protection Act		
GECI	Group Early Critical Illness	PIM	Premier International Medical		
GHS	Group Hospitalisation & Surgical				



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