



# SINGAPORE AIRLINES STAFF UNION

Airline House, SIN ALH 05-A, 25 Airline Road, Singapore 819829. Tel: 6541-6090/97 Fax: 6545 9221

## CLAIM FOR BENEFIT UNDER THE WELFARE BENEFITS SCHEME

Staff No : .....

Name in Full ..... I/C No. ....  
( In Block Letters)

Home Address ..... (S) .....

Date of Birth ..... Age ..... Marital Status .....

Present Employer ..... Date of Joining Employer .....

Department ..... Office/ Res No. : .....

Email : ..... Mobile No. ....

### DETAILS OF CLAIM

A. State Benefit : (Medical / Death / Retirement / M.B.O)

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B. Amount Claimed :

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C. Documents Attached In Support of Claim :

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### FOR OFFICE USE ONLY

Subscription paid up to : ..... Date Join Union .....

No. of Months in Arrears : ..... No. of Yrs in Union.....

Remarks : .....

Claim Certified By : ..... Entry Posted By : .....

Payment Approved by General Secretary : .....

**1. FOR MEDICAL BENEFIT STATE :**

Name of Hospital .....

Number of Days: ..... From : ..... To : .....

Amount Claimed : \$ ..... Para No. ....

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**2. FOR NATURAL CALAMITY BENEFIT STATE :**

Nature of Natural Calamity ..... Date .....

Details of loss of Property : .....

Amount Claimed : \$ ..... Para No. ....

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**3. FOR DEATH BENEFIT STATE :**

Name of Deceased : .....

Relationship of Deceased to Claimant : .....

Amount Claimed : \$ ..... Para No. ....

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**4. FOR RETIREMENT / M.B.O BENEFIT STATE :**

Date of Retirement : ..... Date Joined Union.....

Amount Claimed : \$ ..... Para No. ....

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I, the undersigned, hereby state that the particulars furnished by me herein are true and correct to the best of my knowledge.

Date : .....

Signature : .....

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**(Terms and Conditions on PDPA- given consent by applicant)**

1. I consent to my personal data being collected, used and retain by SIASU/NTUC for the purposes of processing, administering and managing my claim under the Union's Benefits Scheme.
2. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity in relation to the claim.
3. I consent to be contacted by SIASU by email, SMS, calls and by post for matters relating to the claim.
4. I will keep SIASU informed immediately of any changes to my personal particulars that may affect my claim under the Union's Benefit Claim.

Date : .....

Signature : .....

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Amount: \$..... Received by : (Signature).....

Date : ..... Name : .....