## SEACARE MEDICAL SCHEME (SMS) REIMBURSEMENT APPLICATION FORM



# REQUIREMENT CHECK LISTS

## A. Eligiblity Criteria

Shipping Companies participating in the Seacare Medical Scheme (SMS) with paid-up SMS contribution. The ratings must be employed on board vessels that participate in the SMS.

SEACATE
Seacare Thrift Pte Ltd

### B. Benefit

- \* Shipping Companies can apply for reimbursement for the cost of medical services, treatments and procedures incurred by their ratings at approved medical providers.
- <sup>\*</sup> The amount of reimbursement allocated per shipping company is computed at S\$600 per vessel per financial year.

#### Seacare Thrift Pte Ltd 52 Chin Swee Road #08-00 Seacare Building Singapore 169875 Tel: +65-6379 5666 Fax: +65-6836 3976 Email: thrift@seacare.com.sg Website: www.seacare.com.sg

## C. Conditions

Copy of invoice/receipt issued by the medical providers must be attached to this application form

Application must be submitted to Seacare Thrift Pte Ltd (STPL) within three months from the date of invoice/receipt

- The reimbursed amount is as per the amount stated on the invoice/receipt
- \* One form can be used for multiple invoices/receipt

Name of Other transport

υ.	Name of Snipping Company		
		(Cheque payment will be made to the Shipping Co	ompany.)
E.	Name of Medical Provider(s) / Country :		
F.	Name of Rating :		
	Rank:	Date of Birth:(day/month/year)	
		(aay,enanyea.,	
	Amount of medical costs inco	urred:	
		(Please state the currency)	

### **G. Terms and Conditions**

- 1 This application is subject to the approval of the SOS's Executive Committee (EXCO). SOS reserves the rights to reject any application.
- 2 Upon request, the Shipping Company shall provide to SOS/STPL, further supporting documents for verification and audit purposes, failing which the application can be rejected due to incomplete application.
- 3 The reimbursed amount will be paid in SGD and all bank and remittance charges (if any) shall be borne by the Shipping Company.
- 4 By providing Personal Data relating to a third party (e.g. information of your crew) to us, you represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the Personal Data for the purpose of providing the benefit.
- 5 The Personal Data is retained to the extent of one or more of the purposes for which it was collected, remains valid and for other legal or business purposes for which retention may be necessary.
- 6 The SOS and STPL shall not be liable to any claims whatsoever suffered by the Shipping Company or third party as a result of any disclosure of any information which you have consented to us collecting, using or disclosing or where such collection, use or disclosure is allowed under the applicable laws in Singapore.

### H. Declaration

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We have read, understood and agreed to the terms and conditions as stated above and confirm that the applications submitted herein have not received and/or will not be submitted for reimbursement from/to other parties. We certify the above information and supporting documents attached to this application are true and acknowledge that any false application submitted by us can result in our disqualification from the benefit. Further, we understood that decision by SOS shall be final.

Submitted by:			
Name:	Email:		
Designation:	Signature/Date:		
Contact No:	Company stamp:		
For SOS Official Use:			
Approved/Rejected by EXCO on date:			
Verified by STPL:	Processed by Accounts:		
Name:	Name:		
Signature & Date:	Signature & Date:		
Amount of Reimbursement:	Cheque No. & Date:		