



HEALTHIER, LONGER,
BETTER LIVES

AIA Corporate Solutions Letter of Guarantee Plus (LOG Plus)



CASHLESS INPATIENT SERVICES HOSPITAL ADMISSION IN SINGAPORE

Insured Members will enjoy financial peace of mind with **Letter of Guarantee (LOG) Plus** when they are hospitalised in Singapore.

17 PARTICIPATING HOSPITALS IN SINGAPORE



CASHLESS

ENJOY LETTER OF GUARANTEE UP TO POLICY COVERAGE

With the LOG Plus, Insured Member may not need to pay out of pocket for the entire hospital bill upon discharge. AIA will settle the bill (up to the benefit limit) directly with the hospital.



ASSURANCE

CLAIM IS ASSESSED BEFORE BILL IS INCURRED

Financial counselling will be provided for Insured member to make the right health care choice prior to admission.



PAY THE RIGHT
LEVEL OF COST

RECEIVE MOST COST EFFECTIVE HEALTHCARE

AIA helps to negotiate with doctor for the most cost effective healthcare treatment.

RESTRUCTURED HOSPITALS

Alexandra Hospital
Changi General Hospital
Khoo Teck Puat Hospital
KK Women's and Children's Hospital
National University Hospital
Ng Teng Fong Hospital
Sengkang General Hospital
Singapore General Hospital
Tan Tock Seng Hospital

PRIVATE HOSPITALS

Farrer Park Hospital
Gleneagles Hospital
Mount Alvernia Hospital
Mount Elizabeth Hospital
Mount Elizabeth Novena Hospital
Parkway East Hospital
Raffles Hospital
Thomson Medical Centre



CASHLESS INPATIENT SERVICES

HOSPITAL ADMISSION IN SINGAPORE WITH LOG PLUS



SUBMIT LOG PLUS REQUEST

- Insured Member needs to be admitted for a scheduled hospitalization or surgery; AIA need to be notified at least 3-14 working days before planned admission or planned surgery
- **For admission to Singapore Restructured Hospital,**
 - a) Complete Part I of “Request for Letter of Guarantee” form (ignore Part II)
 - b) Provide Hospital Admission Form/Admission Authorisation Form/Hospital Financial Counselling provided by Hospital
- **For admission to Singapore Private Hospitals,**
 - a) Complete Part I of “Request for Letter of Guarantee” form
 - b) Complete Part II of “Request for Letter of Guarantee”– for admission to private hospital.
- Email completed forms and supporting documents to AIA 24/7 Contact Centre at sg.eb.logrequests@aia.com
- Alternatively, Insured Members can call the AIA 24/7 Contact Centre Hotline at 6248 8328.

ASSESS & APPROVE

- AIA will assess the documents submitted
- If LOG plus request is successful, AIA will issue the letter of guarantee directly to the hospital within 3 working days for scheduled admission/planned surgery; Insured member will be notified as well.
- For emergency local admission, AIA can issue a standard LOG within 1 working day.
- If LOG plus request is unsuccessful, AIA will inform the insured Member to pay for the inpatient bill first and seek claims reimbursement after discharge.

ADMISSION & DISCHARGE

For successful LOG Plus cases:

- Insured member will be admitted without the need for cash deposit.
- Upon discharge, he/she does not need to pay for the medical bills, up to the approved limit of the letter of guarantee.
- Insured member has to settle the outstanding amount not covered by the letter of guarantee directly with the hospital upon discharged.

For unsuccessful LOG Plus cases:

- Insured member must settle the hospital bill and seek claims reimbursement after discharge.

FINAL BILL SETTLEMENT

- Hospital will send the final itemised inpatient bill to AIA directly.
- AIA will pay the amount covered by the LOG plus directly to the hospital .
- No need for the Insured Member to submit any claims form for successful LOG plus cases.



INFORMATION REQUIRED TO REQUEST A LETTER OF GUARANTEE

We are happy to support your upcoming treatment with a Letter of Guarantee (LOG).

To begin the process of getting the LOG, we would require the following information within 3 working days to assist you. For emergency LOG requests, please call AIA 24/7 Contact Centre hotline at 6248 8328.

1. Name of Hospital
2. Date of Admission
3. Admitting Diagnosis
4. Date of Symptoms started
5. Nature of Operation (if any)
6. Name of Surgeon/Attending Doctor
7. Copy of Pre-Admission Form or Financial Counselling/Consent Form
8. Hospital contact person details, email address, fax number, telephone



WHERE TO DOWNLOAD REQUEST FOR LETTER OF GUARANTEE (PLUS) FORM


(<https://eben.aia.com.sg/en/my-aia/login/information-library.html>)

The screenshot shows the AIA Singapore website interface. The main navigation bar at the top is red with the AIA logo and 'AIA SINGAPORE' text. Below this, the 'INFORMATION LIBRARY' link is highlighted with a blue circle and an arrow pointing to a detailed view of the 'Claim' section. In this detailed view, the 'Claim' menu item is circled in blue, and the 'Request for Letter of Guarantee (LOG) Plus' option is highlighted with a blue box. The page also features a 'LOGIN' section with input fields for 'User ID' and 'Password', and a user profile picture in the bottom right corner.



SAMPLE OF REQUEST FOR LETTER OF GUARANTEE (PLUS) FORM

(<https://eben.aia.com.sg/en/my-aia/login/information-library.html>)



**AIA SINGAPORE
CORPORATE SOLUTIONS
REQUEST FOR LETTER OF GUARANTEE**

Important Notes:

- For scheduled hospitalisation/surgery, you may submit completed form and all supporting documents 2 weeks in advance.
- The required documents should reach us no later than 5 working days from scheduled date via email agrequests@aia.com. For assistance, please call our Corporate Solutions hotline at 6248 8328.
- All details in this form must be duly completed and signed by Principal Doctor and Insured Member.
- For admission to Government/Manufactured Hospital in Singapore, please ignore Part II and provide relevant document such as Hospital Admission Form/Admission Authorisation Form/Hospital Financial Counseling which is provided by the hospital in preparation for your admission/surgery.
- For admission to Private Hospital in Singapore, Part II of this form is to be completed by the Principal Doctor. If there are any charges imposed by your Doctor, please self-pay as medical resort fee is not covered by the policy.
- If the request is approved, please note that only one Letter of Guarantee can be issued by AIA Corporate Solutions.

PART I (To be completed by Insured Member)

A) Details of Policy

Name of Assured Company	Policy Number
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B) Particulars of Insured Member (Patient)

Name of Insured Member (Patient)	NRIC/Passport No./FIN No.		
Date of Birth (dd/mm/yyyy)	Gender (M/F)	Contact No.	Email
Date of Insurance Effective Date (dd/mm/yyyy)	Nature of Illness/Injury	Nature of Operation (if any)	Date of Illness First Began / Accident Date (dd/mm/yyyy)
Date of Admission / Surgery (dd/mm/yyyy)	Name of Hospital		

C) Particulars of Employee (If not the Patient)

Name of Employee	Relationship to Insured Member (Patient)		
NRIC/Passport No./FIN No.	Date of Birth (dd/mm/yyyy)	Date of Employment (dd/mm/yyyy)	Date of Insurance Effective Date (dd/mm/yyyy)

D) Declaration and Authorization

(This part must be signed by the patient or patient's parent / legal guardian if the patient is below 21 years of age)

- I understand that when my dependants or I utilize the Letter of Guarantee, I will be responsible for settling any outstanding amount not payable under the Group Insurance Policy incurred by my dependants or myself.
- I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning me/ us at any time and authorize the prior mentioned persons and organizations to disclose all such information to AIA Singapore.
- I undertake to inform the above persons and organizations of my MedSave account, if I have one, for making payment of medical expenses incurred prior to the use of the Letter of Guarantee.
- I/We consent to AIA Singapore, its associated persons/organizations, third party service providers and representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") provided to AIA Persons or that they possess about me/ us, in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy") which is available on AIA Singapore's website.

I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/ us, I/We confirm that I/ we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/ we breach these provisions.

Signature of Employee	Signature of Patient (if is a dependant)	Date (DDMMYY)
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PART II CERTIFICATE OF MEDICAL ATTENDANT (To be completed by Attending Doctor at Insured's expense if admission to private hospital)

A) Particulars of Patient

Name	NRIC/Passport No./FIN No.
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B) Particulars of Principal Doctor

Name	MCR No.
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C) Detail of Patient's Current Admission

Hospital	Class of Ward A / B1 / B2 / C	Nature of Treatment (Please tick accordingly) <input type="checkbox"/> Inpatient <input type="checkbox"/> Day Surgery
Planned Admission Date (dd/mm/yyyy)	Planned Discharge Date (dd/mm/yyyy)	Estimated length of stay (days): <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> Normal ward

Reason for admission:

ICD-10AM	Diagnosis Description	Principal Diagnosis	Symptoms presented	1 st consult date (dd/mm/yyyy)	1 st diagnosis date (dd/mm/yyyy)	1 st onset date of symptom(s) (dd/mm/yyyy)
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

Is the principal diagnosis a result of any underlying medical condition? Yes No
If "Yes", please provide details.

Did the patient ever consult any other doctor(s) previously for the above condition? Yes No
If "Yes", please provide name and contact details of the doctor.

Is the patient's diagnosis/injury: due to accident an acute condition None of the two?
If it is due to 'accident', please provide details of the accident, including cause of the injury and anatomical site involved.

Is the treatment or condition due to / related to / as a result of any of the conditions listed below? If "Yes", please tick the relevant box(es).

<input type="checkbox"/> Congenital Anomaly/Physical defects from child/birth	<input type="checkbox"/> Pregnancy/Child/birth	<input type="checkbox"/> Obesity/weight reduction
<input type="checkbox"/> Mental / Psychiatric Disorder	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Elective cosmetic/Plastic surgery/Dental
<input type="checkbox"/> STD/HIV/AIDS related	<input type="checkbox"/> Abortion	<input type="checkbox"/> Correction for refractive errors of eye
<input type="checkbox"/> Abuse of drug/alcohol	<input type="checkbox"/> Infertility/sub-fertility	<input type="checkbox"/> General physical/medical exam
<input type="checkbox"/> Self-inflicted injuries	<input type="checkbox"/> Birth control/ Sterilisation	<input type="checkbox"/> Impotence test/treatment

D) Treatment details

Please advise treatment plan including tests and investigations for this patient.

If there is surgery, please complete section below.

Date of Operation	Diagnosis for which procedure will be performed	TOSP Code	TOSP Description	Table (e.g. 1A)

E) Cost Estimation

(1) Surgeon's Fee:	(2) Anaesthetist's Fee:
(3) Doctor's Attendance fee: SGD _____ per visit for _____ days = _____	
(4) Room & Board (Please tick where applicable and indicate number of days stay and charges) <input type="checkbox"/> ICU _____ Day(s) <input type="checkbox"/> HDU _____ Day(s) <input type="checkbox"/> Normal ward _____ Day(s) Total Room & Board charges : S\$ _____	
(5) Estimated Hospital Charges: S\$ _____	Total Estimated Bill Size (E1+E2+E3+E5): S\$ _____

F) Principal Doctor's Declaration & Signature

I represent and warrant that:

- I have personally examined and treated the Insured (i.e. patient) in respect of the medical condition describe above and that the information stated above represent my genuine and honest opinion of his/her condition and my recommended treatment.
- The answers given above are true, accurate and complete to the best of my knowledge and belief and that no information has been withheld.

Name of Doctor: _____ Official Stamp of Hospital / Clinic

Doctor's Signature / Date (dd/mm/yyyy): _____

Important Note For Insured Member:

- Complete the Request for Letter of Guarantee (LOG) Form.
- Submit the completed form to AIA for assessment.
- Please be informed that the LOG facility is granted to the Policyholder which is your employer. Your employer reserves its rights to recover out of your remuneration (if it is entitled to do so) any amount that is paid under the LOG but is not covered by the Policy.
- Please note that MedSave authorization form needs to be duly signed at the hospital for MedSave deduction (if the Patient has a MedSave account) when you are using the LOG. Only the balance after deduction from Patient's MedSave account shall be billed to AIA Singapore.
- Please note that the LOG cannot be used for outpatient treatment, hospitalisation outside Singapore and treatment for injuries/illness arising from any industrial accident.
- The following are General Exclusions, not covered under the LOG:
 - Conditions that existed prior to the effective date of insurance coverage
 - Self-destruction or intentional self-inflicted injury
 - Conditions related to psychological, emotional and mental conditions
 - Conditions related to drug addiction or alcoholism; Special nursing care, general physical or medical check-up, health screening
 - Injuries arising directly or indirectly from war
 - Dental treatment, cosmetic treatment, correction of eye refraction including myopia
 - Congenital anomalies
 - Procurement or use of special brace or garment, appliances or equipment. Non-medical services such as television, telephone, taxis (including GST), and the like.
 - Hospitalisation for the purpose of undergoing diagnostic test, x-ray examination or investigation (e.g. sleep study)
 - Conditions related to AIDS or HIV
 - Treatment related to birth control, infertility, pregnancy, childbirth except ectopic or non-elective miscarriage, treatment or surgical procedure required or recommended subsequent to consultations at Fertility clinic, In-Vitro Fertilisation clinic, Reproductive assistance clinics or centres, clinics or centres for Reproductive Medicine.



WHERE TO DOWNLOAD REQUEST FOR LETTER OF GUARANTEE (PLUS) TOP UP FORM

(<https://eben.aia.com.sg/en/my-aia/login/information-library.html>)

The screenshot shows the AIA Singapore website interface. The main navigation bar at the top is red with the AIA logo on the left and 'AIA SINGAPORE' in the center. Below the navigation bar, the page title 'AIA SINGAPORE' is followed by the subtitle 'Access and manage your policies information Library'. A large banner image with the text 'FREE COVID-19 STANDING BY' is visible. On the right side, there is a 'LOGIN' section with input fields for 'User ID' and 'Password'. The main content area is titled 'AIA SINGAPORE' and features a navigation menu with 'Claim', 'Administration', 'User Guide', and 'FAQ'. The 'Claim' menu is expanded, showing a list of claim types. The 'Request for Letter of Guarantee (LOG) Plus Top up' option is highlighted with a blue box. A blue arrow points from the 'INFORMATION LIBRARY' link in the top navigation bar to the 'Claim' menu. Another blue arrow points from the 'Request for Letter of Guarantee (LOG) Plus Top up' option to the 'Request for Letter of Guarantee (LOG) Plus Top up' link in the list.

1 AIA SINGAPORE

2 INFORMATION LIBRARY

3 Claim Administration User Guide FAQ


4 Request for Letter of Guarantee (LOG) Plus Top up

Request for Letter of Guarantee (LOG) Plus Top up



SAMPLE OF REQUEST FOR LETTER OF GUARANTEE (PLUS) TOP UP FORM

(<https://eben.aia.com.sg/en/my-aia/login/information-library.html>)



**AIA SINGAPORE
CORPORATE SOLUTIONS
LETTER OF GUARANTEE TOP-UP FORM**

Important Notes:

- a) Top Up for LOG Plus form should only be used after an Initial LOG Plus have been successfully issued and in the instance where the admission duration requires to be extended due to further treatment or complications, the necessary medical evidence will need to be provided to support the Top Up LOG Plus request.
- b) Please submit completed form and all investigation reports at least 1 working day prior to the discharge date for AIA. Please email the documents to sg.ets.logrequests@aia.com. Incomplete form and documents will not be processed.
- c) All details in this form must be duly completed and signed by Principal Doctor, Policy Owner and Insured.

Patient's Name: _____ NRIC/Passport No./FIN No.: _____

PART II CERTIFICATE OF MEDICAL ATTENDANT (To be completed by Attending Doctor at Insured's expense)

A) Particular of Principal Doctor

Name: _____	MCR No.: _____
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B) Admission Details

Hospital / Clinic Name: _____	Planned Admission Date: dd/mmm/yyyy	Planned Discharge Date: dd/mmm/yyyy
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Is there any change in length of stay? Yes No
If "Yes", please advise the reason of extension of inpatient stay.

C) Details of Patient's Medical Condition

Is there any change in diagnosis or additional diagnosis made? Yes No
If "Yes", please complete the following.

Diagnosis Code (ICD - 10)	Diagnosis Description	Principal Diagnosis	Date of first diagnosis	Duration of symptom(s)
		<input type="checkbox"/>	dd/mmm/yyyy	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

D) Treatment Details

Is there any additional diagnostic test(s) performed? Yes No
If "Yes", please list the test(s) and indication of performing the investigation.

Any other information on the diagnosis/ treatment plan:

Page 1 of 2

E) Operation Details (If applicable)

Is there any change in procedure or additional procedure(s) performed? Yes No
If "Yes", please complete the following.

Date of Operation	Diagnosis for which procedure will be performed	TOSP Code and TOSP Description	Table (e.g.1A)	Same Incision	Staged Operation
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please advise whether any intra-operative complication occurred unexpectedly. Yes No
If "Yes", please explain the complications in detail.

F) Cost Estimation

Is there any change in hospital bill size? Yes No
If "Yes", please provide the final estimated hospital bill and indicate the part(s) of the estimates requires changes.

Surgeon's fee :	Anesthetist's fee :
Attendance fee:	Other Fee :
Room & Board :	Hospital charges :

Total Estimated Hospital Bill (revised) :

G) Principal Doctor's Declaration & Signature

I represent and warrant that:

- (a) I have personally examined and treated the Insured (i.e. patient) in respect of the medical condition described above and that the information stated above represent my genuine and honest opinion of his/her condition and my recommended treatment.
- (b) the answers given above are true, accurate and complete to the best of my knowledge and belief and that no information have been withheld.

Name of Doctor: _____ Official Stamp of Hospital / Clinic

Doctor's Signature / Date (dd/mm/yyyy)

Page 2 of 2



CONTACT US



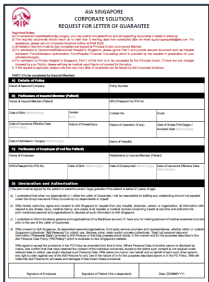
AIA 24 / 7 Member Services Hotline

Managed by AIA customer service specialists on general policy & claims services enquiries
Tel: 6248-8328



AIA 24 / 7 Email box for HR and Members

Managed by AIA customer service specialists on benefit and claims enquiries
sg.eb.logrequests@aia.com



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Thank You