



HEALTHIER, LONGER,
BETTER LIVES

Guide to Submit a Claim via AIA eBenefits

2024

Notes

This deck will guide you on the following:

- Submit a Claim via [AIA eBenefits Mobile Application](#)
- Submit a Claim via [AIA eBenefits Web Portal](#)





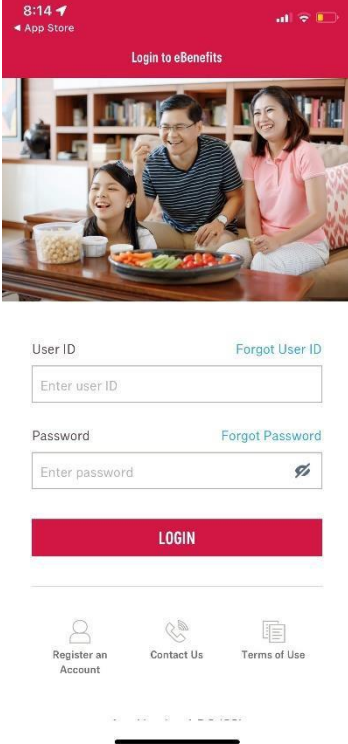
HEALTHIER, LONGER,
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Submit a Claim – AIA eBenefits Mobile Application

AIA eBenefits Mobile Application



Step 1: Ensure AIA eBenefits Mobile Application is downloaded in your mobile phone.



8:14
App Store

Login to eBenefits

User ID [Forgot User ID](#)

Enter user ID

Password [Forgot Password](#)

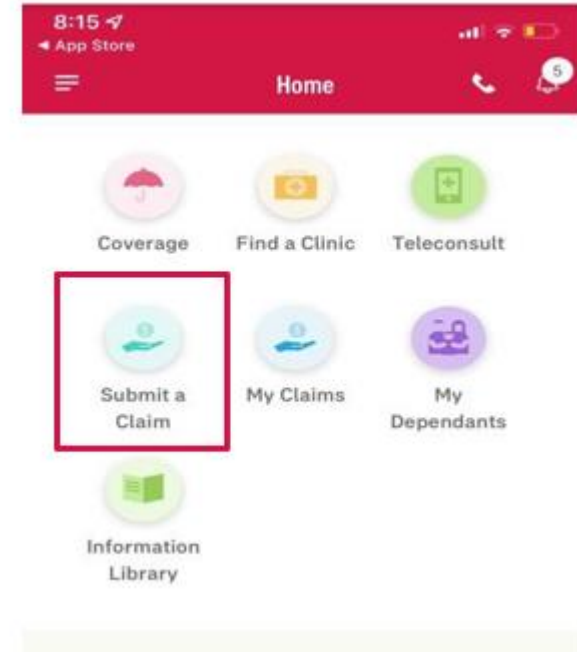
Enter password

LOGIN

[Register an Account](#) [Contact Us](#) [Terms of Use](#)

Step 2: Login to AIA eBenefits with your registered User ID and Password.

*One-Time-Password (OTP) will be sent to your registered mobile number upon eBenefits Portal login.



Step 3: Select “Submit a Claim”



AIA eBenefits Mobile Application

2:30
Submit a Claim

1 2 3 4 5

CLAIM TYPE

INSURED / PATIENT DETAILS

Name
XXXXXXXXXX

Company Name
XXXXXXXXXXXXXXXXXX

VISIT / ADMISSION DATE

Date of Visit / Admission
DD MMM YYYY

NEXT
CANCEL

Step 4:
Select claimant's "Name"
For dependants, select from dropdown.

Select "Date of Visit/ Admission"
Once date have been selected, "Claim / Benefit Type" will appear.

Submit a Claim

CLAIM / BENEFIT TYPE

Claim Category
Outpatient

Claim Type
Specialist Visit

This claim is related to a prior hospitalization and / or surgery

Benefit Type

- SPECIALIST CONSULTATION (NON PANEL)
- SPECIALIST CONSULTATION - GOV RESTR
- X-RAY & LAB - NON PANEL (REFERRAL)
- X-RAY & LAB TEST - GOV RESTR

NEXT
CANCEL

Step 5:
Select "Claim Category"
Outpatient / Inpatient.

Select "Claim Type"
Specialist Visit, etc.
Benefit Type will appear after Claim Type is selected

Select "Benefit Type"
Panel option will not be available since it is under cashless.

Click "Next"

2:30
Submit a Claim

1 2 3 4 5

CLAIM DETAILS

CLINIC / HOSPITALISATION DETAILS

Name of Clinic / Hospital
Search by clinic name

DIAGNOSIS DETAILS

Search by diagnosis

NEXT
CANCEL

Step 6:
Select/ input "Name of Clinic / Hospital"
Input "Others" if no available clinic.

"Select a Diagnosis"
If diagnosis is not listed in the dropdown, input the first few characters to search for more options.
For example, you may type "Cough". Otherwise, type "Others".



AIA eBenefits Mobile Application

Diagnosis Details

Please describe your diagnosis details

0/500

BILL DETAILS

Total / Net Amount Payable

SG\$ Enter total / net amount payable

Excluding subsidies / GST absorbed by the government

Step 7:

Input “Diagnosis Details” (if any)

*If selection under Step 7 is “Others”, please provide details for claim to be assessed accurately. Otherwise, further information will be requested, resulting in delay in claim assessment.

Select Currency and input “Total Bill Amount”

*If currency selected is Singapore Dollar, check GST box if it is included - GST will be calculated automatically if ticked.

Does your bill show any deduction from MediSave / CHAS?

Yes
 No

Are you claiming from another insurer / policy (including Integrated Shield Plan)?

Yes
 No

REQUIRED DOCUMENTS
Please note that the following documents will be required to complete this submission.

- Bills / Receipts
- Third-party Settlement letter (if applicable)

NEXT

CANCEL

Step 8:

Select if bill shows any deduction from MediSave/ CHAS

*If Yes, please submit CPF statement (log into CPF website and retrieve from Healthcare Dashboard)

Select if there is claim(s) from another Insurer/ Policy

*If Yes, please submit settlement letter from the insurer/ Policy.

Click “Next”

1 2 3 4 5

UPLOAD DOCUMENTS

Uploads must be in images (JPG / PNG) or PDF format and cannot exceed 10MB per submission.

FILES UPLOADED

OTHERS

Please include referral letters, specialist memo or prescription notes, if any.

FILES UPLOADED

MEDICAL BILL / RECEIPT

Note: One bill/visit per claim submission.
Please upload the finalised medical bill for the date of visit.

FILES UPLOADED

Note:

1. Your claim will not be processed if the uploaded documents are not sufficiently legible.
2. Please retain the original document(s) for 180 days after submission.
3. Receipts submitted should show the patient's name and date of request (dated not more than 90 days ago).

NEXT

Step 9:

Click on the “+ Upload” icon to upload claim photos/ documents

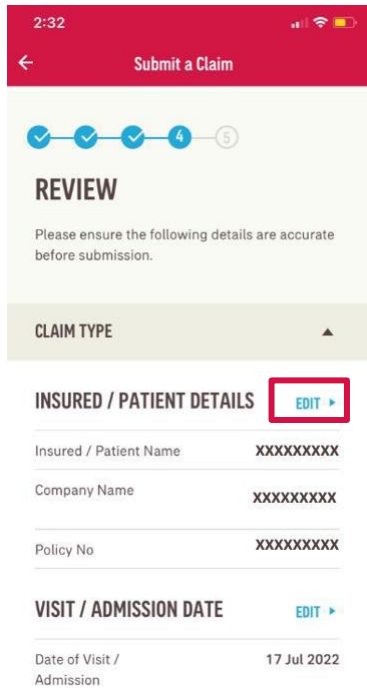
*Files type which can be uploaded are .pdf, .jpeg, .png and image files - with a maximum of 10 files, 10MB per submission.

*To upload pictures taken by phone, the Camera and Photos permissions should be enabled.

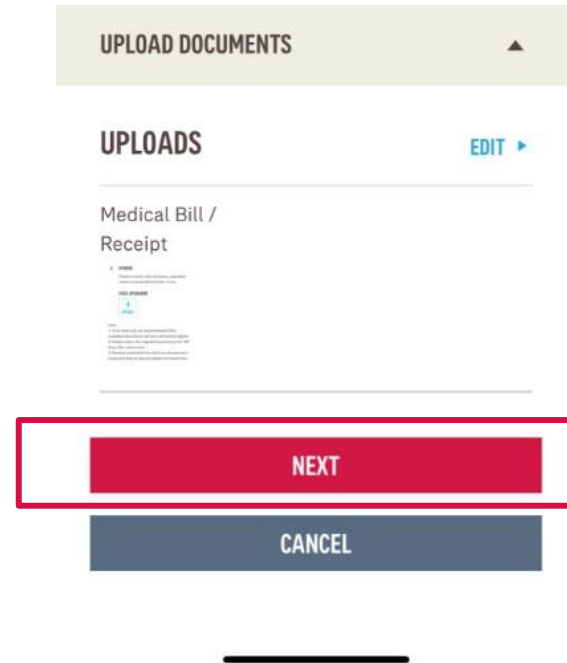
“Click Next”



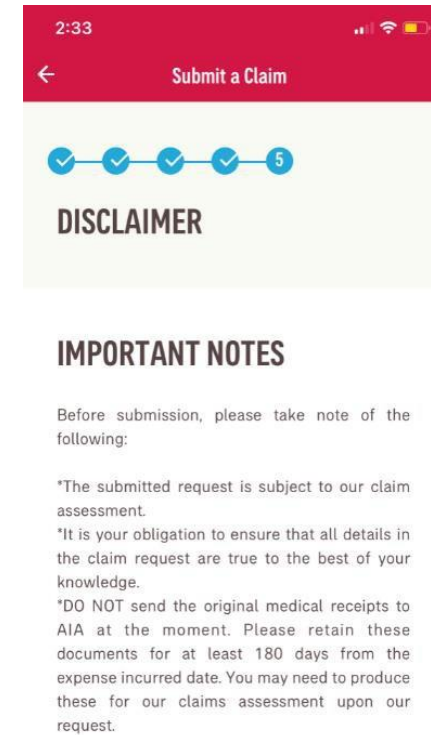
AIA eBenefits Mobile Application



Step 10:
Review the information.
To edit > Click “Edit”



Step 11:
Click “Next”



Step 12:
Do read through the “Important Notes” and “Declaration and Authorization”



AIA eBenefits Mobile Application

(ii) That any payment by AIA Singapore for a duplicate claim filed is not an admission of liability and AIA Singapore reserves the right to and is entitled to claim for a return of any monies paid in respect of a duplicate claim and may pursue civil or criminal proceedings to recover the excess amounts paid including losses, damages, costs and expenses incurred by AIA Singapore in investigating such claims and seeking recovery of monies paid, I am aware that any fraud perpetrated in submitting a claim may result in criminal penalties in addition to the civil remedies that AIA Singapore will be seeking.

Date and Time Submitted:

agree and I want to proceed.

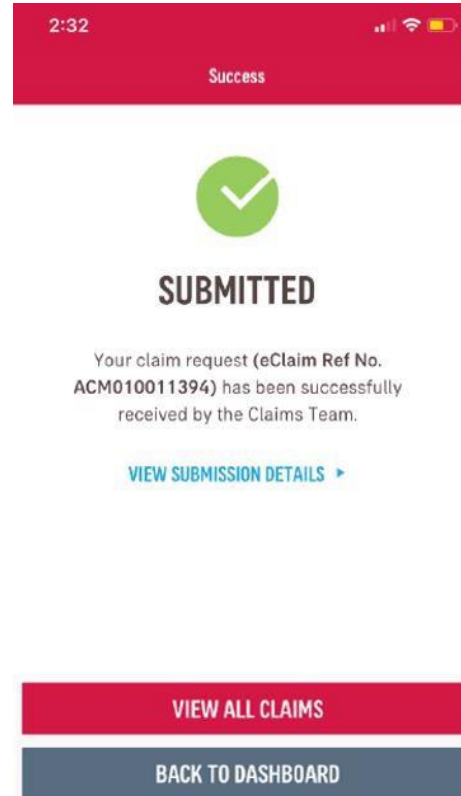
SUBMIT

CANCEL

Step 13:

Check the box “I agree and I want to proceed”

Click “Submit”



Step 14: Directed to successful application page where Reference number of transaction is displayed.

To view details of eClaim submission, click “View All Claims”.



AIA eBenefits Mobile Application

eClaims Acknowledgement (Ref: ACM010014405)



*** This is an automatically generated email, please do not reply via this email address ***

Dear Valued Customer,

Thank you for using eClaims service.

Policy Number: [REDACTED]
Employee Name: [REDACTED]
Claimant Name: [REDACTED]
Claim Amount: SINGAPORE DOLLAR 100.00
Visit Date: 17 July 2022

Your eClaim request (Ref: ACM010014405) has been submitted to AIA for processing.

Please note that the eClaim Submission Confirmation Slip is password-protected. The password will be the first 4 characters of the Insured Employee's Identity Number that was provided to AIA followed by the day and month of his/her birth date (in DDMM format). For example, if the Identity Number is S1234567A and birth date is 18 June 2000, the password would be S1231806.

You can check the status of your request at "Enquire Claim History" using Insured Employee's Name.

If at any time you should require any assistance, please email us at SG.EB.CLAIMS@AIA.COM or call us at (65) 6248 8328.

We remain committed to providing the best services to you.

Thank you, and we hope the above information is useful.

Corporate Solutions
AIA Singapore Private Limited

Step 15:
Received an automatically generated email notification.





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Submit a Claim – AIA eBenefits Web Portal

AIA eBenefits Web Portal



Step 1: Open web browser and go to:
<https://eben.aia.com.sg/>

LOGIN TO EBENEFITS

User ID

Password

LOGIN

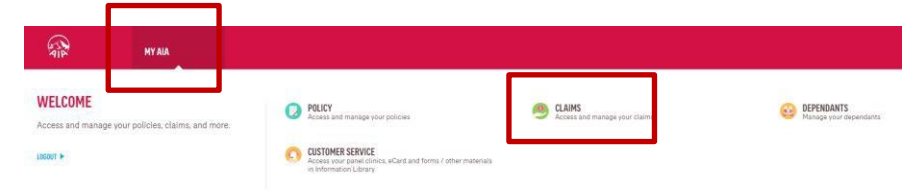
[Forgot Password](#)

[Forgot User ID](#)

[New User
Registration](#)

Step 2: Login to AIA eBenefits with your registered User ID and Password.

*One-Time-Password (OTP) will be sent to your registered mobile number upon eBenefits Portal login.

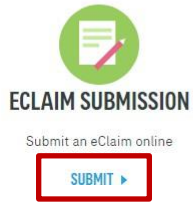


Step 3: Place cursor at “My AIA”, click “Claims”.



AIA eBenefits Web Portal

CLAIMS



Step 4: Click on “Submit”

CLAIM TYPE

This screenshot shows the "CLAIM TYPE" form at step 5. It has a progress bar at the top with steps 1-5, where step 5 is active. The form is divided into two sections: "INSURED / PATIENT DETAILS" and "VISIT / ADMISSION DATE". In the "INSURED / PATIENT DETAILS" section, the "Name" field is a dropdown menu currently showing "Employee Name". The "Company Name" field contains "XXXXXXXXXXXXXXXXXX". In the "VISIT / ADMISSION DATE" section, the "Date of Visit / Admission" field is empty with the placeholder text "Please input visit / admission date.". A red-bordered "NEXT" button is located at the bottom right of the form.

Step 5:
Select claimant’s “Name”
For dependants, select from dropdown.

Select “Date of Visit/ Admission”
Once date have been selected, “Claim / Benefit Type” will appear.

This screenshot shows the "CLAIM TYPE" form at step 6. The "CLAIM / BENEFIT TYPE" section is active. The "Claim Category" dropdown menu is set to "Outpatient". The "Claim Type" dropdown menu is set to "General Practitioner Visit". The "Benefit Type" section has three radio button options: "PHYSIOTHERAPY" (which is selected), "EMERGENCY OP VISIT (A&E)", and "SP + X-RAY & LAB - GOV HOSP". There is also an option for "MENTAL CARE". A red-bordered "NEXT" button is located at the bottom right of the form.

Step 6:
Select “Claim Category”
Outpatient / Inpatient.

Select “Claim Type”
Specialist Visit, etc.
Benefit Type will appear after Claim Type is selected

Select “Benefit Type”
Click “Next”



AIA eBenefits Web Portal

CLAIM DETAILS

1 2 3 4 5

CLINIC / HOSPITALISATION DETAILS

Name of Clinic / Hospital

DIAGNOSIS DETAILS

Select a Diagnosis

Diagnosis Details

0/500

BILL DETAILS

Total / Net Amount Payable

SINGAPORE DOLLAR

Excluding subsidies / GST absorbed by the government

 paid GST in the above amount

Does your bill show any deduction from MediSave / CHAS?

Yes
 No

Are you claiming from another insurer / policy (including Integrated Shield Plans)?

Yes
 No

REQUIRED DOCUMENTS

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

- Bills/Receipts
- Third-party Settlement letter (if applicable)

PREVIOUS

NEXT

Step 7:

Select/ Input “Name of Clinic / Hospital”

Type “Others” if no available clinic.

“Select a Diagnosis”

If diagnosis is not listed in the dropdown, input the first few characters to search for more options.

For example, you may type “Cough”. Otherwise, select Others.

Step 8:

Input “Diagnosis Details” (if any)

If selection under Step 7 is Others, please provide details for claim to be assessed accurately.

Otherwise, further information will be requested, resulting in delay in claim assessment.

Select Currency and input “Total Bill Amount”

If currency selected is Singapore Dollar, check GST box if it is included - GST will be calculated automatically if ticked.

Step 9:

Select if bill shows any deduction from MediSave/ CHAS

If Yes, please submit CPF statement (log into CPF website and retrieve from Healthcare Dashboard)

Select if there is claim(s) from another Insurer/ Policy

If Yes, please submit settlement letter from the insurer/ Policy.

Click “Next”



AIA eBenefits Web Portal

UPLOAD DOCUMENTS

Uploads must be in images (JPG/PNG) or PDF format and can not exceed 10MB per submission.

*** MEDICAL BILL / RECEIPT**

Note: One bill/visit per claim submission. Please upload the finalised medical bill for the date of visit.

OTHERS

Please include referral letters, specialist memo or prescription notes, if any.

Note:

- Your claim will not be processed if the uploaded documents are not sufficiently legible.
- Please retain the original document(s) for 180 days after submission.
- Receipts submitted should show the patient's name and date of request (dated not more than 90 days ago).

PREVIOUS NEXT

Step 10:
Click on the blue icon to upload claim photos/ documents
Files type which can be uploaded are .pdf, .jpeg, .png and image files - with a maximum of 10 files, 10MB per submission.

Click "Next"

REVIEW

Please ensure the following details are accurate before submission.

INSURED / PATIENT DETAILS	XXXXXXXXXXXXXXXXXXXX
COMPANY NAME	XXXXXXXXXXXXXXXXXXXX
POLICY NO.	XXXXXXXXXXXXXXXXXXXX
DATE OF VISIT / ADMISSION	XXXXXXXXXXXXXXXXXXXX
CLAIM CATEGORY	XXXXXXXXXXXXXXXXXXXX
CLAIM TYPE	XXXXXXXXXXXXXXXXXXXX
NAME OF CLINIC / HOSPITAL	XXXXXXXXXXXX
DIAGNOSIS	XXXXXXXX
DIAGNOSIS DETAILS	
TOTAL / NET AMOUNT PAYABLE (EXCLUDING SUBSIDIES / GST ASSORBED BY THE GOVERNMENT)	XXXXXX
GST PAID	XXX
DOES YOUR BILL SHOW ANY DEDUCTION FROM MEDISAVE / CHAS?	NO
ARE YOU CLAIMING FROM ANOTHER INSURER / POLICY (INCLUDING INTEGRATED SHIELD PLANS)?	NO

MEDICAL BILL / RECEIPT

PREVIOUS NEXT

Step 11:
Review the information
Click "Next"

DECLARATION

IMPORTANT NOTES

"The submitted request is subject to our claim assessment."

"It is your obligation to ensure that all details in the claim request are true to the best of your knowledge."

"DO NOT send the original medical receipts to AIA at the moment. Please retain these documents for at least 180 days from the expense incurred date. You may need to produce these for our claims assessment upon our request."

"Claims should be submitted within 90 days from occurrence date with the relevant bills and receipts, which must show the patient's name and date of request."

DECLARATION AND AUTHORIZATION

- I declare that the statement(s) and particulars contained and provided to AIA Singapore Private Limited ("AIA Singapore") are in all respects true and complete to the best of my knowledge and belief.
- I hereby acknowledge, accept and agree that the availability and use of this portal by me is a privilege and service granted to the Policyholder, made available by AIA Singapore on the request of and as authorised by the Policyholder, and subject to such terms as the Policyholder and AIA Singapore may agree to from time to time. If I do not agree with the terms of use of this portal, I am entitled to withdraw from or discontinue the use of this portal and undertake to notify the Policyholder immediately of my decision to do so. I will then submit my claim(s), including all requests and communications with AIA Singapore through the Policyholder and not by any other means.

Submitted by: XXXXXXXX
Date and Time Submitted:

I agree and I want to proceed.

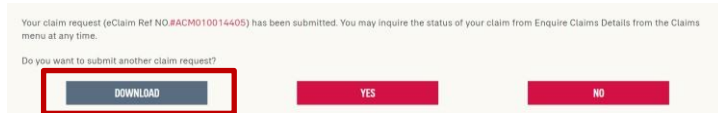
PREVIOUS SUBMIT

Step 12:
Do read through the "Important Notes" and "Declaration and Authorization" > Check the box "I agree and I want to proceed"

Click "Submit"



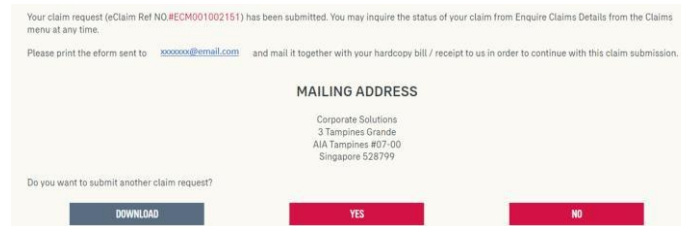
AIA eBenefits Web Portal



Step 13a – Successful claim submission

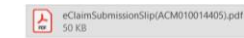
Directed to successful application page where Reference number of transaction is displayed.

To view details of eClaim submission, Click “Download”.



Step 13b – If hardcopy documents had been requested:

Required to submit the hardcopy claim documents together with the signed copy of the eClaim Form (Confirmation Slip) to Corporate Solutions Mailing Address for audit checks.



*** This is an automatically generated email, please do not reply via this email address ***

Dear Valued Customer,

Thank you for using eClaims service.

Policy Number: 0000031000 - 100
Employee Name: EMPLOYEE, A
Claimant Name: EMPLOYEE, A
Claim Amount: SINGAPORE DOLLAR 100 00
Visit Date: 17 July 2022

Your eClaim request (Ref. ACM010014405) has been submitted to AIA for processing.

Please note that the eClaim Submission Confirmation Slip is password-protected. The password will be the first 4 characters of the Insured Employee's Identity Number that was provided to AIA followed by the day and month of his/her birth date (in DDMM format). For example, if the Identity Number is S1234567A and birth date is 18 June 2000, the password would be S1231800.

You can check the status of your request at "Enquire Claim History" using Insured Employee's Name.

If at any time you should require any assistance, please email us at SG.EB.CLAIMS@AIA.COM or call us at (65) 6248 8328.

We remain committed to providing the best services to you.

Thank you, and we hope the above information is useful.

Corporate Solutions
AIA Singapore Private Limited

Step 14:

Received an automatically generated email notification.





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BETTER LIVES

Thank you