

Phonak Insurance - Confirmation of Insurance

PRODUCT INSURANCE

** Required fields*

<p>*Insured Name : _____ <i>(Hearing aid user)</i></p> <p>Address: _____ _____</p> <p>E-mail ID _____</p>	<p>*Purchased from : _____ <i>(Name of Hospital/Clinic/Hearing Centre)</i></p> <p>*Mobile Number : _____</p>
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Insured product:

Please check the serial number with your hearing care specialist

<p>*Hearing aid model : _____</p> <p>Roger system serial number: _____ _____</p>	<p>*1. Hearing aid serial number _____</p> <p>*2. Hearing aid serial number <i>(Please fill in N.A if 1 unit hearing aid only)</i> _____</p>
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Entry into force and duration of insurance cover

The product insurance becomes effective from the date on which the Phonak product is purchased, but not before the date on which the confirmation of insurance was signed and subject to the payment of the quoted insurance premium. The insurance has a maximum duration of 4 years.

*Duration of product insurance: from: _____ to: _____

Insurance premium for the product insurance:

Number of hearing aids:

- 1 unit hearing aid
- 2 units hearing aids

Premium:

SGD 110 *(incl. Insurance Tax)*

SGD 220 *(incl. Insurance Tax)*

Roger system

- up to SGD 1000
- from SGD 1001.00 to SGD 2000.00
- Over SGD 2,000.00

Premium:

no additional premium

SGD 22.00 *(incl. Insurance Tax)*

SGD 43.00 *(incl. Insurance Tax)*

Total insurance premium for the entire duration: SGD _____ *(incl. Insurance Tax)*

Payment Method: To Clinic To Phonak by Bank Transfer To Phonak by Cheque
(Please provide payment slip)

Amount gratefully received: _____

Declaration by insured party

I declare that I have read and accepted the **Phonak Insurance Terms and Conditions** overleaf.

Place and date: _____ *Signature of insured party: _____ Name of hearing care professional _____

Please sign and mail this form together with **original copies of the insurance and hearing aid(s) payment receipts/tax invoices** to enquiry.singapore@phonak.com or mail to Sonova Singapore Pte Ltd (8 Kallang Avenue #13-08 Aperia Tower 1, 339509).

APPLICATIONS FOR INSURANCE MADE AFTER DAY 14 FROM DATE ON PAYMENT AND APPLICATION FORM WILL BE REJECTED.

Phonak Insurance Terms and Conditions

Insured products

Insured are all new Phonak hearing aids inc. any Roger systems (earmolds of all kinds are excluded). The insured party accepts the insurance of these products through the local Phonak Company provided by the local Allianz insurer.

Insurance. Insurance is not applicable for overseas patient.

Duration of insurance

The insurance is valid for a maximum of 4 years from the date of purchase and/or automatically expires upon the purchase of a new product or upon receipt of a replacement product in the event of a claim. The product insurance is not transferable to a new product. A new insurance policy must be taken out, if it is so desired, in any event of loss or irreparable damage. A partial refund of the insurance premium is not possible.

Claim:

The insurance covers theft, loss and irreparable damage.

The following are however excluded from insurance cover:

- Damage occurring as a result of natural wear and tear or soiling
- Damage occurring as a result of repair, or material or manufacturing fault
- Damage as a result of technical malfunction (claim under warranty)
- Liability claims for damages caused by the insured product
- Indirect damages, such as damages which do not immediately affect the products themselves

Irreparable damage

Irreparable damage is considered to be complete or partial, substantial damage to the insured hearing aid or Roger system result of a sudden and unpredictable external event, whereby the insured device is so badly damaged that it is in the technical sense no longer repairable, or when a repair is no longer economical.

Insurance benefits

In the event of a claim, the insured party will only receive replacements for the insured products in kind from the local Phonak Company. The replacement in kind will comprise new or mint condition replacement products of the same type and quality as the insured product, or, if the insured party should desire and agrees to pay the additional costs, new or mint replacement products of a higher class. The insured party accepts that the insurance benefits are claimed directly by the local Phonak Company with the insurer.

Excess The insured party is to cover an excess of the retail price of the product, Excess of: 10% for first year 20% on the 2nd year, 30% on the 3rd year and 40% on the 4th year of operation for which the policy has been in effect, starting from the date of purchase of the device.

Procedure in event of a claim

The insured party immediately registers the claim with the hearing care professional from whom they purchased the hearing aid and Roger system. In the event of a claim, the insured person is responsible for limiting damage as far as possible. In the case of loss, the customer must search for the lost product thoroughly. If it is stolen or lost, device must be reported to the police and **submit us the following**; Insurance **Tax Invoice**, **Original Police Report** (must include lost device serial number) and **Original Completed Claim form** (can get from the clinic) or you may **contact us** to go through the process.

Instructions for Direct Payment of Premium to Sonova Singapore Pte Ltd.

To process the insurance, please complete the confirmation form and make a payment (payment option below). You can submit the form and proof of payment to the Clinic, Mail to our office address or email to Enquiry.singapore@phonak.com

By Bank Transfer:

"Sonova Singapore Pte Ltd"; DBS Bank Account Number: 048-901894-1; Bank Code: 7171; Branch code: 048; SWIFT: DBSSSGSG; Branch Address: 6 Shenton Way DBS Building, Singapore 068809. Please add the **Insured Name** in the remarks section.

By Cheque:

Please cross the cheque and make payable to "Sonova Singapore Pte. Ltd.", quotes the **Insured Name** and **contact number** behind the cheque and mail to - Sonova Singapore Pte. Ltd., 8 Kallang Avenue, #13-08 Aperia Tower 1, Singapore – 339509. Tel No. +65 68952666 or Email: Enquiry.singapore@phonak.com