



NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

(ESTABLISHED IN 1970 UNDER THE CO-OPERATIVE SOCIETIES ACT SINGAPORE)

MAIN OFFICE: 75 BRAS BASAH ROAD • NTUC INCOME CENTRE • SINGAPORE 0718
TEL: 3363322 • FAX: 3381500 • TELEX: RS 26261

GROUP INSURANCE NOTIFICATION OF DEATH CLAIM

To be completed and forwarded to the Society together with a certified copy of the Death Certificate and any other relevant documents to support the claim.

Proof of relationship (marriage certificate or birth certificate) is also required if the claim is in respect of a dependant.

1. (a) Policy No:	(b) Employer/Policyholder:
2. Particulars of Member (a) Name:	
(b) Cert No:	(c) NRIC No:
3. Particulars of Deceased (if different from Member) (a) Name:	
(b) NRIC/BC No:	(c) Relationship to Member:
4. For WISE policies (a) Union Membership No:	(b) Date of Membership:
5. Date and place of birth:	
6. Occupation of deceased just prior to death:	
7. Date last at work on:	
8. Sum Assured at date of death:	
9. Date, time and place of death:	
10. (a) What was the cause of death? (b) If death was as a result of an accident, when and where did the accident occur? (c) Is a Coroner's Inquest pending?	
11. Any other relevant facts:	
12. If cheque is to be made payable to the Policyholder, please leave this space blank. Payee _____ NRIC No: _____ Relationship to deceased: _____	

We hereby declare that the statements given are true and complete, that the above employee/member was eligible for the scheme and was included in the last return of employees/members made to the Society and was in our employment/membership roll at the date of death.

For and on behalf of _____
(Company/Policyholder)

Signed _____ Date _____

Name _____ Designation _____