



# dnata SINGAPORE STAFF UNION

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Website: www.dssu.org.sg

## Death Claim

Division: \_\_\_\_\_

### Ia Particulars of Member

Name of Member : \_\_\_\_\_

Address : \_\_\_\_\_ NRIC No: \_\_\_\_\_

\_\_\_\_\_ ( )

Tel No : \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (HP)

### b Particulars of Deceased

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Death Cert No: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Relationship with Member / Claimant: \_\_\_\_\_

I certify that the information in this application is true and complete in every respect.

\_\_\_\_\_  
Date of Claim

\_\_\_\_\_  
Signature of Member

## II FOR OFFICE USED ONLY

Date Joined Union : \_\_\_\_\_

Arrears in Subs/Welfare Contributions from \_\_\_\_\_ to \_\_\_\_\_

No of Claims : \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_

Checked By : \_\_\_\_\_ Verified by Treasurer : \_\_\_\_\_

The above member/claimant is/is not entitled to the claim.

Remarks: \_\_\_\_\_

## III APPROVED BY APPROVED/NOT APPROVED

Date : \_\_\_\_\_

Signature : \_\_\_\_\_