



## SLF GIFT/SLF GIFT PLUS\* NOTIFICATION OF DEATH CLAIM

To: LIFE CLAIMS DEPARTMENT  
NTUC INCOME INSURANCE CO-OPERATIVE LTD  
NTUC INCOME Centre, 75 Bras Basah Road Singapore 189557

<b>1. Name of Union/Association*:</b>
<b>2. Particulars of Union/Association member</b> (a) Name : _____ (b) NRIC No.: _____ (c) Date & place of birth : _____ (d) Union/Association membership no.: _____ (e) Date joined Union/Association: _____ (f) Membership type : Ordinary/General * Branch Member
<b>3. To be filled if member is/was a Union/Association Leader</b> (a) Position in Union/Association : Executive / Branch* Committee Member / _____(Please specify) (b) Date elected as Union / Association leader : _____
<b>4. To be filled if claim is for deceased spouse (Please attach marriage certificate as proof of relationship)</b> (a) Name of spouse : _____ (b) NRIC No.: _____ (c) Date and place of birth : _____
5. (a) Date last at work : _____ (b) Occupation: _____
6. Date, time and place of death : _____
7. (a) What was the cause of death : _____ (b) If death was a result of an accident, when and where did the accident occur? _____ _____ (c) Is a coroner's Inquest pending? _____
8. Cheque to be made payable to : Dependent/Nominee/Union/Association* (Please fill in No. 9 below if the cheque is made payable to dependent/nominee)
9. Name of Dependant/Nominee* : _____ NRIC No : _____ Tel No (O): _____ (H) : _____ Relationship to Deceased : _____ Address : _____ NB. Please attach proof of relationship (marriage certificate or birth certificate)

We hereby declare that the statements given are true and complete, that the above member/member's spouse is/was eligible for the SLF GIFT/SLF GIFT Plus\* scheme and the member was in our membership roll at the date of death of member/member's spouse\*

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

Designation: President/General Secretary/Executive Secretary/Treasurer/  
Director, NTUC Membership Dept (for GB members)\*

Date: \_\_\_\_\_ Union/Association Stamp: \_\_\_\_\_