



**MUTUAL AID WELFARE SCHEME CLAIM FORM**

DEATH OF MEMBER/MEMBER'S PARENT/SPOUSE/CHILD

*(IRASSU OVERALL MUTUAL RELIEF SCHEME 1)*

**Part I – DECEASED'S PARTICULARS**

Full name : \* Mr/Mrs/Miss/Mdm \_\_\_\_\_

Alias (if any) : \_\_\_\_\_

NRIC No. : \_\_\_\_\_ Sex: Male/Female\* Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Singapore ( )

Marital Status: Single/Married/Divorced/Widow/Widower\*

Relationship to Member : \_\_\_\_\_

Death Certificate No. : \_\_\_\_\_

Date of Death : \_\_\_\_\_

Cause of Death : \_\_\_\_\_

**Supporting Documents Attached**

**marked 'x' in appropriate box**

- |                                  |                          |
|----------------------------------|--------------------------|
| 1) Death Certificate             | <input type="checkbox"/> |
| 2) Birth Certificate             | <input type="checkbox"/> |
| 3) Marriage Certificate          | <input type="checkbox"/> |
| 4) Birth Certificate of Claimant | <input type="checkbox"/> |
| 5) Others (please specify) _____ |                          |

## **Part II – CLAIMANT’S PARTICULARS**

Full name : \* Mr/Mrs/Miss/Mdm \_\_\_\_\_

Alias (if any) : \_\_\_\_\_

NRIC No. : \_\_\_\_\_ Sex: Male/Female\*

Marital Status: Single/Married/Divorced/Widow/Widower\*

Address: \_\_\_\_\_  
\_\_\_\_\_ Singapore ( )

Tel No.: (O) \_\_\_\_\_ (HP) \_\_\_\_\_ (Home) \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_ Division/Branch: \_\_\_\_\_

## **Part III - COLLECTION, USE AND RETENTION OF PERSONAL DATA**

1. I, the undersigned, declare that the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.
2. I note that I may be required to furnish other supporting documents for verification and audit purposes.
3. I consent to my personal data being collected, used and retained by IRASSU for the purposes of:
  - (a) processing, administering and managing my application for the Mutual Life Relief Scheme I; and
  - (b) carrying out verification and updates of my membership status and/or information I have provided in this application form.
4. I consent to be contacted by IRASSU via email, text messages, fax and/or post for matters relating to my application for the Mutual Life relief Scheme I and other membership matters.
5. For the purposes of employment-related matters, I consent to IRASSU obtaining my personal data and relevant data relating to my employment from IRAS.
6. I further declare that the personal data pertaining to my beneficiary is true and correct and that he/she is aware and consents to IRASSU managing their information for authorised purposes.

In accordance with Section 3.2 Schedule in particular, Rules of the IRASSU Constitution and Rules, I hereby submit an application of my claim together with the relevant particulars and supporting documents to the Mutual Aid Welfare Scheme Committee for consideration. I agree to abide by the decision of the Mutual Aid Welfare Scheme Committee.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE**

Checked by : \_\_\_\_\_ Claim Amount : \_\_\_\_\_ \$

Payment Approved & Date : \_\_\_\_\_

Cheque Number & Date : \_\_\_\_\_

**Claimant's Acknowledgement**

**Cheque Received** : \_\_\_\_\_

**NRIC No** : \_\_\_\_\_ **Date** : \_\_\_\_\_