

Checklist for Death Claim (Individual and Group Insurance Policies)

Dear claimant

We are sorry to learn of the death of our policyholder/insured. In order for us to process your claim, please complete this form in FULL and attach the following documents:

Important notes

- All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
- Upon receipt of ALL the required documents, we will process your claim and inform you of the outcome as soon as possible. For each item provided, please tick (✓) if applicable.
- All overseas documents must be certified as true copies by your lawyer or any Notary Public.
- All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
- For policy with nomination, the death claim form should be completed by each of the nominee(s).

_____ Death Claim Form (to be completed by nominee/claimant)

_____ FATCA and CRS self-certification form for individual account (Not required if the death claim is filed only for Dependants' Protection Scheme (DPS), Special Schemes or Group Insurance policies)

_____ Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)

_____ Letter from Immigration and Checkpoint Authority (ICA) - this letter is issued by ICA for Singaporeans or Permanent Residents (PR) who died overseas. It confirms receipt of the Singapore IC, Passport and overseas Death Certificate.

_____ Repatriation Report (if body was repatriated to Singapore for cremation/burial)

_____ Cremation/burial permit (if cremation or burial occurred overseas)

_____ NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant(s)

_____ Proof of claimant's relationship with deceased (please refer to the next page for supporting documents for proof of relationship)

_____ Newspaper Clipping and Police Report (if death was due to accidental or violent causes)

_____ Last Will of deceased (if deceased had left a Last Will)

_____ Latest pay slip of deceased (for group policies)

Submission of documents

Please submit all claim documents at any of our branches¹, OR through your insurance adviser, OR by post to:

Claims Service Centre
NTUC INCOME Insurance Co-operative Limited
75 Bras Basah Road
INCOME Centre
Singapore 189557

For Group Insurance Policies, Public Officers Group Insurance Scheme (POGIS) and Corporatised Entities Group Insurance Scheme (CEGIS), please submit your documents through your company.

¹ Please refer to our website www.income.com.sg for the location and opening hours of our branches. If you need any assistance, please contact our Customer Service Officers at **6788 6616** or email us at csquery@income.com.sg.

DOCUMENTS FOR PROOF OF RELATIONSHIP

WITH NOMINATION

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Revocable Nomination Policy effective 1 Sep 2009	Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents
Trust Nomination Policy effective 1 Sep 2009 (also known as Irrevocable Nomination)	1st Trustee	<ul style="list-style-type: none"> • NRIC of Trustee
	No 1st Trustee Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	No 1st Trustee Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Parent
Nomination by way of Will effective 1 Sep 2009	Executor	<ul style="list-style-type: none"> • Copy of the Last Will (Note that Income policy must be stated for the nomination to be valid) • NRIC of Executor
Nomination under Section 45 Co-operative Societies Act	Nominee (> 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	<u>With Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Trustee • NRIC of Nominee • Birth Certificate of Nominee
	<u>No Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents

WITHOUT NOMINATION - ESTATE POLICY (NO BENEFICIARY NAMED)

TYPE OF POLICY	CLAIMANT		DOCUMENTS TO SUBMIT
Individual life policy/ Special Schemes policy/ Dependants' Protection Scheme (DPS) policy.	With Will	Executor	<ul style="list-style-type: none"> • A copy of the Last Will • NRIC of the Executor
		Without Will	Spouse
	Parent		<ul style="list-style-type: none"> • NRIC of Parent • Birth Certificate of Deceased
	Child		<ul style="list-style-type: none"> • NRIC of Child • Birth Certificate of Child
	Sibling		<ul style="list-style-type: none"> • NRIC of Sibling • Birth Certificate of Deceased • Birth Certificate of Sibling

GROUP INSURANCE POLICIES – WHERE CLAIMANT IS NEXT OF KIN

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Group Insurance Policy	Spouse	<ul style="list-style-type: none"> • NRIC of Spouse • Marriage Certificate of Spouse
	Parent	<ul style="list-style-type: none"> • NRIC of Parent • Birth Certificate of Deceased
	Child	<ul style="list-style-type: none"> • NRIC of Child • Birth Certificate of Child
	Sibling	<ul style="list-style-type: none"> • NRIC of Sibling • Birth Certificate of Deceased • Birth Certificate of Sibling

Death Claim Form (For Individual and Group Insurance Policies)

Important Notice

The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or report required by Income shall be furnished at the expense of the policyholder or claimant (depending on plan types). To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 30 days from date of occurrence.

Policy number(s)	Plan type	Claim number
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Particulars of deceased

Name (as shown in NRIC)		NRIC number
Occupation		Date last at work (dd/mm/yyyy)
Name and address of employer (or last employer if deceased was unemployed)	Residential address	

Details of death

Date of death (dd/mm/yyyy)	Cause of death	
Place of death (Specify hospital name if death occurred in hospital)	Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For death occurring outside Singapore, was the deceased buried or cremated outside Singapore? (If "Yes", please enclose a copy of the burial or cremation permit.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a post-mortem or autopsy carried out? (If "Yes", please enclose a copy of the report.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any Coroner's Inquest held? (If "Yes", please enclose a copy of the Coroner's Inquiry report.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Testament and family status

a. Did the deceased leave a will? If "Yes", please enclose the Last Will and provide Executor's particular below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Executor (as shown in NRIC)		NRIC number	
Address			
Contact number (Office)		(House)	(Hand phone)
b. Deceased's marital status at time of death <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
(i) Is there a surviving spouse? If "Yes", please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of spouse	NRIC number	Date of birth (dd/mm/yyyy)	Address/Contact number

Testament and family status (continued)

(ii) Is/Are there any surviving child(ren)?
If "Yes", please provide details below:

Yes No

Name of child	NRIC/Birth Certificate number	Date of birth (dd/mm/yyyy)	Address/Contact number

(iii) Please provide details of the parents/siblings below:

Name of family member	NRIC/Birth Certificate number	Date of birth (dd/mm/yyyy)	Relationship with Deceased	Surviving? (Yes/No)	Address/Contact number

If death occurred as a result of an accident

Date of accident (dd/mm/yyyy)	Time of accident
Place of accident	
Detailed description of the accident	
<p>a. Were there any eye-witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details below:</p>	
Name of witness	Address/Contact number
<p>b. Was the accident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the name of police station at which the accident was reported and the name of police officer in-charge, and <u>enclose a copy of the police report.</u></p>	

If death occurred as a result of natural causes (E.g. Illness)

a. Date deceased first presented with symptoms of the illness (dd/mm/yyyy) _____ / _____ / _____

b. Date deceased first consulted a doctor for the illness (dd/mm/yyyy) _____ / _____ / _____

c. Please provide details of doctors who had attended to the deceased for his illness(es) below:

Name of doctor	Name/Address of clinic/hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

d. Did the deceased suffer from any other illnesses/conditions? Yes No
If "Yes", please provide details below:

Details of illness(es)/condition(s)	Date first diagnosed (dd/mm/yyyy)	Name/Address of clinic/hospital

e. Please provide details of deceased's regular doctor(s) and company doctor(s) below:

Name of doctor	Name/Address of clinic/hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

Other insurances

Was the deceased insured with other insurance company(ies)? Yes No
If "Yes", please provide the following information.

Name of insurance company	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notified (Yes/No)	Claim paid (Yes/No)

Other information

Has the deceased or the claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors since becoming interested in the policy? Yes No

If "Yes", please provide details.

Payment method

Please tick one of the boxes below to indicate payment method:

Cheque to be mailed directly to the claim recipients

Cheque to be collected by financial adviser

Name of adviser _____

Adviser code _____

Direct credit into claim recipients' personal individual accounts (if you select this option, you will need to provide a copy of claim recipients' bank statements for account verification. Otherwise cheques will be issued.)

Name of bank _____

Account holder's name _____

Account number _____

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks (for non-DPS policies);
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) coach employees and monitor for quality assurance;
- (k) reinsure risks and for reinsurance administration; and
- (l) comply with all applicable laws, including reporting to regulatory and industry entities.

2. Disclosure of personal data

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers, insurance broker, association, employer or group policyholder (for non-DPS policies);
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters (relating to the servicing and administration of your insurance policy), this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will result in termination of all non-DPS policies you have with us. It may also result in termination of your DPS policy.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg

Declaration and authorisation

1. I certify that the information in this form is true and complete and I have not withheld any material information.
2. I confirm that I understand and agree to the 'Personal data collection statement'.
3. For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,
 - a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
 - b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
 - c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.
4. I consent to the transfer and disclosure, at any time and without notice or liability to me, of any medical information on the deceased life assured in the insurer's possession to the Central Provident Fund Board for:
 - a. the purpose of making a claim under the Dependant's Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which the deceased life assured may be insured under; or
 - b. any purpose connected with the administration or operation of the accounts maintained by the Board for the deceased life assured under the Central Provident Fund Act (Chapter 36).

Declaration and authorisation (continued)

5. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of deceased (as shown in NRIC)	NRIC number
Name of informant (next-of-kin and 21 years old or above)/nominee/claimant	NRIC number
Relationship to deceased	
Address	
Contact number (Office)	(House) (Hand phone)
Signature/thumbprint	Date (dd/mm/yyyy)

For group policyholders only

Name of member/employee (if different from deceased)	NRIC number	
Name of company/union	Address of company/union	
Date joined company/Union (dd/mm/yyyy)		
Last drawn salary (If sum assured is based on salary)	Date of last drawn salary (dd/mm/yyyy)	
Please furnish a certified true copy of the Insured member's latest pay slip (for a full month).		
Name of authorised officer	Contact number	Email
Signature	Date (dd/mm/yyyy)	
Company/Union stamp		
Payment to be made to <input type="checkbox"/> Company/Union <input type="checkbox"/> Others, please provide details below:		
Name (as shown in NRIC)	NRIC number	
Relationship to deceased (please attach proof of relationship)		