

CHECKLIST FOR DEATH CLAIM (NTUC GIFT)

Dear Claimant

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

Important Notes

- (a) All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
- (b) 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.
- (c) Please submit all claim documents through your respective union upon verification.

- Death Claim Form (to be completed by next-of-kin and verified by the respective union)
 - Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)
 - For Singaporeans who have died overseas, the death certificate is to be certified by and translated into English by the Singapore Embassy in the country of death.
 - 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)
 - NRIC(s)/BC(s)/Passport(s) of Claimant(s)
 - Proof of Claimant's relationship with Deceased
- | Claimant | Documents Required |
|-----------------|--|
| Spouse | Marriage Certificate |
| Parent | Birth Certificate of Deceased |
| Child | Birth Certificate of Claimant |
| Sibling | Birth Certificate of Deceased and Claimant |
- Newspaper Clipping and Police Report (if death was due to accident)
 - Last Will of Deceased (if Deceased had left a Last Will)

GH/ND/07/2010

DEATH CLAIM FORM (NTUC GIFT)

Important Notice

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income shall be furnished at the expense of the Claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 90 days from date of occurrence.

Particulars of Union/Association Member

Name of current <input type="checkbox"/> Union <input type="checkbox"/> Association	Date joined current Union/Association (dd/mm/yyyy)	
Name of first <input type="checkbox"/> Union <input type="checkbox"/> Association (if different from above)	Date joined first Union/Association (dd/mm/yyyy)	
Name of Member (as shown in NRIC/Passport/FIN)		NRIC/Passport/FIN No.
Membership type <input type="checkbox"/> Ordinary <input type="checkbox"/> General Branch Member <input type="checkbox"/> UClub	Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed if member is/was a Union/Association leader

Position in Union/Association	Date elected as Union/Association leader (dd/mm/yyyy)
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Information on Deceased

Date (dd/mm/yyyy) and Time of Death	Place of Death	Was any Coroner's Inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death		
Death due to:		
<input type="checkbox"/> Illness Diagnosis _____ Date symptoms started _____ (dd/mm/yyyy) Did death occur during working hours of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide Date of accident _____ (dd/mm/yyyy) Time of accident _____ Place of accident _____ Did the accident occur during working hours of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment status on date of death <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Date last worked (dd/mm/yyyy)
Did the Insured report for work on date of death or accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

To be completed if claim is for deceased spouse (please attach marriage certificate as proof of relationship)

Name of Spouse	NRIC/Passport/FIN No.	Date of birth (dd/mm/yyyy)
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Payment Details

Payment to be made to:	
<input type="checkbox"/> Union	
<input type="checkbox"/> Dependant/Nominee, please provide details below:	
Name (as shown in NRIC/Passport/FIN)	NRIC/Passport/FIN No.
Relationship to Deceased (please attach proof of relationship such as marriage certificate or birth certificate)	
Contact No. (O) _____ (Hp) _____ (H) _____	Email _____
Address _____	

Declaration

1. I hereby declare that the above statements are true and complete and I have not withheld any material fact from NTUC Income.
 2. I agree and authorise:
 - (a) Any medical institution or medical practitioner, or insurer, or organisation or person to release to NTUC Income any information as requested by NTUC Income; and
 - (b) NTUC Income to release any relevant information concerning the deceased to any medical institution or medical practitioner, or insurer or organisation or person.
- A photocopy of this form is valid as an original copy.

Signature of Claimant

Date (dd/mm/yyyy)

To be completed by Union/Association

For members exceeding age 65, please confirm whether member is under NTUC GIFT Extension. Yes No

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

Name of authorised person

Signature of authorised person

Designation: President/General Secretary/Executive Secretary/Treasurer/
Director, NTUC Membership Dept [for GB members]*

Date (dd/mm/yyyy)

Union/Association stamp

* Delete where applicable

GH/ND/07/2010