

HOW TO FILE A DEATH CLAIM



Dear Sir/Madam,

We're sorry to receive the death claim you have filed. To enable us to process your claim, please follow the instructions below:

IMPORTANT NOTES:

- 1) All sections of our forms must be duly completed to avoid unnecessary delay. Indicate "N.A." if not applicable.
- 2) Please retain the original document submitted to us as we may request to view the original copy.
- 3) Any fees for completion of Doctor's Statement and/or medical evidence shall be borne by the person making the claim.
- 4) All overseas documents must be certified by the Notary Public of the Country where the Life Assured died.
- 5) All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator.
- 6) For policies with nominated beneficiaries, the death claim form should be completed by each of the nominee(s).

Documents Required:

- 1) Death Claim Form – to be completed by Claimant/Corporate Policyholders
- 2) Death Claim – Doctor's Statement (to be completed by the attending doctor who attended to the deceased in his/her last illness or accident)
- 3) Copy of Death Certificate
- 4) Copy of NRIC/FIN or Passport of the deceased
- 5) Copy of NRIC/FIN or Passport of the person making the claim (Not applicable for Corporate Policyholders)
- 6) Copy of NRIC/Passport/Birth Certificate of all surviving family members of the deceased (Not applicable for Corporate Policyholders)
- 7) Copy of Last Will and Testament of the deceased (Not applicable for Corporate Policyholders)
- 8) Copy of Grant of Probate/Letters of Administration of the deceased (Not applicable for Corporate Policyholders)
- 9) Copy of NRIC or Passport of all the beneficiary(ies), Executor(s) and Trustee(s) named in the Last Will and Testament of the deceased (Not applicable for Corporate Policyholders)
- 10) Any other documents that support the claim (e.g., official certificate of appointment of the legal guardian of minor's beneficiary)
- 11) Copy of bank passbook/statement or e-statement for account verification (Applicable for Corporate Policyholders or Executor/Administrator of the Estate)*
- 12) Proof of Claimant's relationship with the deceased as follows (where applicable):

<u>Claimant</u>	<u>Documents required</u>
Spouse	Marriage Certificate of Claimant
Children	Birth Certificate of Claimant
Parent	Birth Certificate of deceased
Sibling	Birth Certificate of deceased and Claimant

Additional documents required if death was due to an Unnatural Cause / Accident OR if it occurred overseas:

- 13) Newspaper Clipping and Police Report
- 14) Police Investigation Report
- 15) Coroner's Inquest
- 16) Postmortem and Toxicology Report
- 17) Letter from ICA (Immigration and Checkpoint Authority) for Singaporean or Permanent Residents (PR) who died overseas confirming the invalidation of Deceased's Singapore IC/Passport and overseas Death Certificate
- 18) Repatriation Report (if body was repatriated to Singapore for cremation/burial)
- 19) Burial / Cremation Documentation (required for overseas death)

***Note:** Customers who wish to receive policy benefits and/or claims proceeds via Electronic Fund Transfer will need to provide us with a copy of their bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

CLAIMANT'S STATEMENT FORM



IMPORTANT NOTES:

1. Please read the instruction on “**How to file a Death Claim**” before completing this form.
2. This form is to be completed by the executor/administrator, assignee, trustee, nominee or proper claimant or Corporate Policyholder as the case may be.
3. The acceptance of this form is **not** an admission of liability on the part of Singapore Life Ltd. Any documentary proof or report required by us shall be furnished at the expense of the claimant.

SECTION A: POLICY DETAILS

Policy Number

SECTION B: DECEASED LIFE ASSURED/INSURED PERSON DETAILS

Claimant Name (as per NRIC/FIN)

NRIC/FIN/Passport/Birth Certificate Number
 *Please attach copy of NRIC/FIN (front and back)

Occupation

Name of Employer

Address of Employer

Residential Address

SECTION C: DEATH DETAILS

Date of Death (dd/mm/yyyy)

Cause of Death

Place of Death

Was the death due to suicide? Yes No

Was a post-mortem or autopsy carried out? If “Yes”, please provide a copy of the report. Yes No

Was a Coroner’s Inquest held? If “Yes”, please provide a copy of the Coroner’s Inquiry Report. Yes No

Did the Deceased leave a Will?
 If “Yes”, please provide a copy of the Last Will & Testament and copy of the NRIC/Passport of all the named trustee(s), executor(s) and beneficiaries. Yes No

Was a Grant of Probate or Letters of Administration applied?
 If “Yes”, please provide a certified true of the Grant of Probate or Grant of Letters of Administration and a copy of the NRIC/Passport of the Executor(s)/Administrator(s) and Trustee(s). Yes No

SECTION C: DEATH DETAILS (continue)

Who are the Surviving Family Members of the Deceased? Please provide details below:

Name of Family Members	NRIC/Passport/ Birth Certificate No.	Date of Birth (dd/mm/yyyy)	Address/Contact No.	Relationship with Deceased

If cause of death was a result of illness, please state:

Date Deceased first presented with symptoms of the illness (dd/mm/yyyy)

Date Deceased first consulted a doctor for the illness (dd/mm/yyyy)

Please provide details of doctor(s) who had attended to the Deceased for his/her illness(es) below:

Name and Address of Doctor(s)	Date of Consultation (dd/mm/yyyy)	Reason(s) for consultation

Did the Deceased suffer from **any other illness/conditions?**

Yes No

If "Yes", please provide the following:

Name and Address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation

Please provide details of Deceased's regular doctor(s) and company doctor(s) below:

Name and Address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation

SECTION C: DEATH DETAILS (continue)

If cause of death is a result of an **Accident or Unnatural** cause, please state

Date (dd/mm/yyyy) & Time of Accident

Place & Country of Accident

Please describe and provide details on how the accident occurred.

Was there any eyewitness to the accident? Yes No
 If "Yes", please provide details below:

Name of Witness	Address & Contact No.	Relationship with Deceased (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was a police investigation carried out? Yes No
 If "Yes", please provide copy of the police report and complete the following:

Name of Investigation Officer-in-charge

Police Station (Branch & Address)

In what Capacity or by what Title do you claim the Assurance? Please indicate your relationship with the Deceased.
 Please select one of the below:

- Executor / Administrator of the Estate
 Nominee
 Trustee
 Assignee
 Others
 please state your relationship with the Deceased

Was the Deceased insured with other Insurance Company(ies)? Yes No
 If "Yes", please provide the details:

Name of Insurance Company	Policy No.	Type of Plan	Date of Issue (dd/mm/yyyy)	Claim Amount	Claim Notified
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: MODE OF PAYMENT

Once your claim is approved, you'll receive an email from us and your claim payout will be paid via PayNow (NRIC registered).

SECTION E: DECLARATION AND AUTHORISATION

Name of Deceased

Identity No. of Deceased

I/We hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information or circumstance has been withheld or omitted.

I/We declare that I am/We are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We agree that:

- this claim signifies my/our consent to Singapore Life Ltd. to obtain medical information from any doctor whom the Life Assured had consulted and I/We authorise the doctor to release such information to Singapore Life Ltd.
- Singapore Life Ltd. may release any relevant information concerning the Life Assured (including medical information) to any third party, which Singapore Life Ltd. deems necessary.
- any third party who has received any information concerning the Life Assured may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the Life Assured (including medical information) to any other party for any purposes related to the Life Assured's application or my/our claim for the benefits.
- a photocopied copy of this form shall be treated as valid and binding as if it is the original.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

Note: If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us. Further, you understand that you will be responsible to Singlife for any loss or claim arising out of your failure to obtain consent of the person who you have disclosed.

Signature/Thumbprint & Company's Stamp (if applicable)

Date

Name of Claimant

NRIC/FIN/PP No.

Mobile No.

Email