SINGAPORE LIFE LTD
Group Life & Health Claims
4 Shenton Way, #01-01 SGX Centre 2
Singapore 068807
Tel: 6827 8030
Company Registration No. 196900499K

PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS) – CLAIMS PROCEDURE AT A GLANCE

Please refer to the following documents required for filing each type of claim:

A. For Death Claim

1) Death Claim Form (to be completed)
2) Certified True Copy of Death Certificate
3) Certified True Copy of Marriage Certificate if deceased was married
4) Certified True Copy of deceased's Birth Certificate and copy of deceased's parents' identity cards if deceased was not married
5) Certified True Copy of Claimant's identity card (front and back)
6) Certified True Copy of Last Intestate Will (if any)

Note: Singlife will request for the Physician Statement if there is insufficient information on the submitted documents.

Please submit the following additional documents if death cause is due to accidental events:

1) Police Investigation Report
2) Post Mortem / Autopsy Report
3) Toxicology Report
4) Coroner's Inquest

B. For Total & Permanent Disability / Partial & Permanent Disability / Terminal Illness Claim

1) Total & Permanent Disability / Partial & Permanent Disability / Terminal Illness Claim Form (to be completed)
2) Physician's Statement (to be completed by Attending Physician)
3) Certified True Copy of all X-ray / Laboratory tests / MRI / CT Scan Reports
4) Certified True Copy of Member's NRIC (front and back)

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Member.

C. For Critical Illness / Early Critical Illness Claim

1) Critical Illness / Early Critical Illness Claim Form (to be completed)
2) Physician's Statement (to be completed by Attending Physician)
3) Certified True Copy of all X-ray / Laboratory tests / MRI / CT Scan Reports
4) Certified True Copy of Member's NRIC (front and back)

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Member.

IMPORTANT NOTE:

- **The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to pursue for the said documents.**

Submission of claim documents:

Contact us at 6827 8030 to guide you through the claim process or email the complete set of claim documents to pogis_claims@singlife.com (Note: This is applicable for claim event occurring in Singapore only).

Alternatively, please submit the complete set of claim documents to our Customer Service Counters or mail in to us at:

SINGAPORE LIFE LTD
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4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807

Attention: POGIS Claims Team

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PUBLIC OFFICERS GROUP INSURANCE SCHEME (POGIS)
DEATH CLAIM FORM

IMPORTANT:
1. Please refer to the **Claims Procedure at a Glance** for documents required for submission of this claim.
2. The Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
3. Singapore Life Ltd does not admit liability by the mere issue of this or any other form.

SECTION 1 – To be completed by the Claimant

A. Details of Deceased and Member

Name of Member (if different from Deceased)		Member's NRIC/FIN/Passport No.		
Name of Deceased	NRIC/FIN/Passport/BC No.	Date of Birth	Marital Status	Gender
Date of Death	Cause of Death	Was the death due to suicide? ❒ Yes ❒ No		
Mailing Address at Time of Death		Place of Death		
Was a post mortem or autopsy carried out? ❒ Yes ❒ No (If "Yes", please submit a copy of the report)		Was any Coroner's Inquest held? ❒ Yes ❒ No		
Did the Deceased leave a will? ❒ Yes ❒ No (If "Yes", please enclose the Last Will)		Who are the surviving family members of the Deceased?		

Is the Deceased insured with other insurance companies? ❒ Yes ❒ No

If "Yes", please indicate:

(1) Name of insurance companies: _____

(2) Policies No. _____

If cause of death is due to **natural event (e.g: illnesses)**, please state:

(1) Date symptoms first presented (dd/mm/yyyy): _____

(2) Date of first consultation with doctor (dd/mm/yyyy): _____

(3) Names and addresses of all doctors / hospitals / clinics who attended to deceased for this illness.

Name(s) of Doctor(s)	Name of Hospital(s) / Clinic(s)

(4) What symptoms did the deceased suffered from before consultation with the above doctor / clinic / hospitals?

_____

_____

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If cause of death is due to **accidental event (e.g. road traffic accident)**, please state:

(1) Date of accident (dd/mm/yyyy): _____

(2) Place of accident (dd/mm/yyyy): _____

(3) Time of accident: _____

(4) Detailed description of accident:

_____

_____

(1) Detailed description of injuries:

_____

_____

B. CLAIMANT'S DECLARATION AND AUTHORISATION

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.

On behalf of myself and all proposed insured lives, I/we consent to Singlife disclosing and transferring my/our personal data to a new insurer selected by POGIS for the purpose of facilitating and/or administering insurance coverage with the new insurer.

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/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Signature of Claimant:……

Name of Claimant:……

Relationship with Deceased:……

NRIC/FIN No:……

Address:……

……

Contact No:……

Email:……

Date:……

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C. To be completed by the relevant Ministry / Statutory Board's Authorised HR Officer only

Name of Insured Employee	NRIC / Passport No:
Name of Company	Date of Employment (dd/mm/yyyy)
Name of Authorised Officer	Contact Number/ Email address of Authorised Officer
Signature & Company Stamp	Date (dd/mm/yyyy)