

CHECKLIST FOR DEATH CLAIM

(Individual and Group Insurance Policies)

Dear Claimant

We are sorry to learn of the death of our Policyholder/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.

- _____ Death Claim Form (to be completed by next-of-kin)
- _____ 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

<u>Claimant</u>	<u>Documents Required</u>
Spouse	Marriage Certificate
Parent	Birth Certificate of Deceased
Child	Birth Certificate of Claimant
Sibling	Birth Certificate of Deceased and Claimant
- _____ Original Nomination/Beneficiary Form (for POGIS & CEGIS policies)
- _____ 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)

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
NTUC INCOME Centre
Singapore 189557

For 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.

If "No", please state the surviving parents/siblings below:

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

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		
a. Were there any eye-witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details below:		
Name of Witness	Address/Contact No.	Relationship with deceased, if any
a. 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>		

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Insurance

a. Was the deceased insured with other insurance company(ies)? Yes No

If "Yes", please provide the following information.

Name of Insurance Company	Policy No.	Date of Issue (dd/mm/yyyy)	Type of Plan	Claim Amount	Claim Notified (Yes/No)	Claim Paid (Yes/No)

b. 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.

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.
3. I hereby 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 of 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).

Name of Deceased (as shown in NRIC)	NRIC No.
Name of Informant (Next-of-Kin above 21 years old)	NRIC No.
Relationship to Deceased	
Address	
Contact No. (O)	(H) (Hp)
Signature	Date (dd/mm/yyyy)

For Group Policyholders Only

Name of Member/Employee (if different from Deceased)	NRIC No.
Name of Company/Union	Date joined Company/Union (dd/mm/yyyy)
Name of Authorised Officer	Contact No. 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 No.
Relationship to Deceased (please attach proof of relationship)	