

DEATH CLAIM FORM
(Income Family MicroInsurance Scheme)

Dear Claimant

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

Important Notes:

The acceptance of this form is NOT an admission of liability on the part of NTUC Income.

- (a) Please submit the duly completed claim form together with the supporting documents within 6 months from date of occurrence. Claims submitted after this deadline will not be accepted.
- (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 of the document listed below, please tick (✓) where applicable. Where not applicable, please indicate as 'N.A.'
- (c) If you need any assistance, please contact our Customer Service Officers at **6788 1122** or email us at **csquery@income.com.sg**.

<input type="checkbox"/> Death Claim Form	
<input type="checkbox"/> Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)	
<input type="checkbox"/> NRIC(s)/Passport(s) of Claimant(s)	
<input type="checkbox"/> Proof of Claimant's relationship with Deceased	
Claimant	Documents Required
Spouse	Marriage Certificate
Parent	Birth Certificate of Deceased
Children	Birth Certificate of Claimant
Sibling	Birth Certificates of Deceased and Claimant
<input type="checkbox"/> Coroner's Inquiry report, if available	
Claim No. (for official use only)	

Particulars of Deceased

Name (as shown in NRIC)		NRIC No.
Date of Death (dd/mm/yyyy)	Cause of Death	
Was the death due to suicide?		<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

Particulars of Claimant

Name (as shown in NRIC)		NRIC No.
Address	Email	
Contact No. (H) (O) (HP)	Relationship of Claimant to Deceased	
Is the Deceased or Claimant an undischarged bankrupt? If "Yes", please provide the bankruptcy number, name and contact details of the case officer representing the Official Assignee.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Past Related Claims (If Any)

Have you, your spouse, parents, children, brothers or sisters made a claim under the Income Family MicroInsurance Scheme previously? If "Yes", please provide details of such claim below. Please note that each Insured's (under the Income Family MicroInsurance Scheme) family unit is not allowed to submit more than 1 claim per calendar year. Any claim submitted in breach of this will be rejected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

GH/MCYS-DC/04/2010

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)