



Dependant Booster Benefit Claim Form

Important Notice

The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or report required by Income shall be furnished at the expense of the policyholder or claimant (depending on plan types). To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 30 days from date of occurrence.

Policy number(s)	Plan type	Claim number
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1. Please tick the relevant boxes, provide details of up to 4 Surviving Dependants, and submit the completed form with the required documents.
2. Please note that we may require further documentary proof if the documents submitted are not sufficient to prove relationship or survivorship.

I certify that the insured/deceased has the following surviving dependant(s):

Surviving Dependants	Documents Required
<input type="checkbox"/> Spouse Full name as per NRIC/Passport _____ NRIC/Passport number _____	1. Marriage certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's spouse
<input type="checkbox"/> Child (below age 21) Full name as per NRIC/Passport/Birth Certificate _____ NRIC/Passport/Birth Certificate number _____	1. Birth certificate of insured's child 2. NRIC and/or passport (non-Singapore citizen) of insured's child
<input type="checkbox"/> Father Full name as per NRIC/Passport _____ NRIC/Passport number _____	1. Birth certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's father
<input type="checkbox"/> Mother Full name as per NRIC/Passport _____ NRIC/Passport number _____	1. Birth certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's mother
<input type="checkbox"/> Father-in-law Full name as per NRIC/Passport _____ NRIC/Passport number _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or passport (non-Singapore citizen) of insured's father-in-law
<input type="checkbox"/> Mother-in-law Full name as per NRIC/Passport _____ NRIC/Passport number _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or passport (non-Singapore citizen) of insured's mother-in-law

Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data, for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

1. I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.
2. I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information.
3. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" above.
4. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
5. For the purpose of administering and processing my claim, I authorise, consent and agree to:
 - a. The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the insured;
 - b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
 - c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to assess this claim.
6. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
7. I consent and agree to the transfer and disclosure, at any time and without notice or liability to me, of any policy or claim information, including about the deceased life insured and claimant(s), in the insurer's possession to the Central Provident Fund Board and its approved insurer(s), and their representatives and third party service provider(s) for:
 - a. the purpose of administering the claims made 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).
8. I understand that I must give Income all documents, authorisations or information required by Income to assess the claim. If I fail to co-operate with Income in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income may reject the claim.

To be completed if the claim for Dependant Booster Benefit is due to Terminal Illness or Total and Permanent Disability of the insured

Full name and signature/thumbprint of policyholder (individual)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of insured who is 21 years old or above (if different from policyholder)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Name and signature of claimant who is 21 years old or above (if the policyholder/insured does not have the mental capacity or is below 21 years old)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Relationship to policyholder		

To be completed if the claim for Dependant Booster Benefit is due to the death of the insured

Full name of deceased (as shown in NRIC/Passport)	NRIC/Passport number
Full name of nominee/claimant/the legal personal representative of the policyholder	NRIC/Passport number
Relationship to deceased	
Address	
Contact number (Office)	(House)
(Hand phone)	
Signature/thumbprint	Date signed (dd/mm/yyyy)

To be completed by all Surviving Dependants named above

Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC number	Date signed (dd/mm/yyyy)