

Income Insurance Limited | UEN: 202135698W Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6788 1777 · Fax: 6338 1500 Enquiries: income.com.sg/enquiry



# **Checklist for Death Claim** (Individual Policies)

# Please submit your claim via email as follows:

Claims on Individual life policy, ElderShield Supplement/CareShield Life Supplement policy: csquery@income.com.sg Claims on Affinity schemes policy (LUV/SAFRA/CEGIS/HomeTeamNS/OCBC Protect): groupclaim@income.com.sg

#### Dear claimant

We are sorry to learn of the death of our policyholder/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 ( $\checkmark$ ) if applicable.
- (c) All overseas documents must be certified as true copies by a Notary Public.
- (d) All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/ interpreter.
- (e) Income Insurance reserves the rights to request for additional documents when deemed necessary.

For po	olicy with nomination, the death claim form should be completed by each of the nominee(s).
	Death Claim Form (to be completed by nominee/claimant)
	FATCA and CRS self-certification form for individual account (if the claimant/beneficial owner is a tax resident outside Singapore OR if there a change to the claimant/beneficial owner's circumstances affecting tax residency status). If you are a United States (U.S.) citizen or U.S. reside for tax purposes, you are required to submit Form W-8 or W-9.
	Death Certificate*
	* For death in Singapore that occurs on or after 29 May 2022, digital death certificate can be downloaded by the next of kin from www.go.gov.s mylegacy-edc and to submit the pdf copy to us.
	For overseas death, the original Death Certificate must be certified by a Notary Public.
	Letter/Email from Immigration and Checkpoint Authority (ICA) - this document is issued by ICA for Singaporeans or Permanent Residents (P 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)
	Cremation/burial permit (if cremation or burial occurred overseas)
	Passport/Travel documents showing departure dates from Singapore and entrance dates to other country outside of Singapore for the la 24 months (if death occurred overseas)
	NRIC or relevant identification documents (e.g. FIN cards, passports) of claimant(s)
	Proof of claimant's relationship with deceased (please refer to the next page for supporting documents for proof of relationship)
	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)
	Grant of Probate or Grant of Letters of Administration (if available)
	Notification from Agent bank(s)/CPF board of closure of SRS/CPF accounts (if deceased has policies bought with SRS/CPF funds)
	For crediting of claim proceeds via GIRO (for local bank account) or Telegraphic Transfer (for overseas bank account), please provide your babook/statement. It must show the bank name, bank account number and full names of all bank account holders.
	Dependant Booster Benefit Claim Form (for Family Protect policy only), to be completed by nominee/claimant
	Proof of relationship if insured is different from policyholder (e.g. Birth certificate, Marriage certificate)
	Marriage certificate and screenshot from SingPass (My Profile > Family) showing current marital information of spouse if claim on family wait benefit or Affinity schemes policy
	Birth certificate showing information of child and parent if claim on family waiver benefit

# **DOCUMENTS FOR PROOF OF RELATIONSHIP**

# **WITH NOMINATION**

For claimant who is a non-Singapore citizen/permanent resident, please provide copy of FIN card or passport.

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Revocable Nomination Policy	Nominee (> 18 years old)	NRIC of Nominee
effective 1 Sep 2009	Nominee (< 18 years old)	<ul> <li>NRIC of Nominee</li> <li>Birth Certificate of Nominee</li> <li>NRIC of Nominee's Parents</li> </ul>
Trust Nomination Policy	1st Trustee	NRIC of Trustee
effective 1 Sep 2009 (also known as Irrevocable Nomination)	No 1st Trustee Nominee (> 18 years old)	NRIC of Nominee
	No 1st Trustee Nominee (< 18 years old)	<ul><li>NRIC of Nominee</li><li>Birth Certificate of Nominee</li><li>NRIC of Parent</li></ul>
Nomination by way of Will effective 1 Sep 2009	Executor	Copy of the Last Will (Note that Income Insurance policy must be stated for the nomination to be valid)     NRIC of Executor
Nomination under Section 45	Nominee (> 21 years old)	NRIC of Nominee
Co-operative Societies Act	With Trustee Nominee (< 21 years old)	<ul><li>NRIC of Trustee</li><li>NRIC of Nominee</li><li>Birth Certificate of Nominee</li></ul>
	No Trustee Nominee (< 21 years old)	<ul> <li>NRIC of Nominee</li> <li>Birth Certificate of Nominee</li> <li>NRIC of Nominee's Parents</li> </ul>

# WITHOUT NOMINATION - ESTATE POLICY (NO BENEFICIARY NAMED)

For claimant who is a non-Singapore citizen/permanent resident, please provide copy of FIN card or passport.

TYPE OF POLICY		CLAIMANT	DOCUMENTS TO SUBMIT
Individual life policy/ Affinity schemes policy/	With Will	Executor	A copy of the Last Will     NRIC of the Executor
Dependants' Protection Scheme (DPS) policy/ElderShield Supplement/CareShield Life Supplement policy	Without Will	Spouse	NRIC of Spouse     Marriage Certificate of Spouse     Screenshot from Spouse's SingPass (My Profile > Family) showing marital information, if claim on family waiver benefit or Affinity schemes policy
		Parent	NRIC of Parent     Birth Certificate of Deceased
		Child	NRIC of Child     Birth Certificate of Child
		Sibling	NRIC of Sibling     Birth Certificate of Deceased     Birth Certificate of Sibling



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Scan to update your particulars



# Death Claim (Individual Policies)

### Important notes

- (a) The acceptance of this form is **NOT** an admission of liability on the part of Income Insurance. Any documentary proof or report required by Income Insurance shall be furnished at the expense of the policyholder or claimant. 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.
- (b) If the claimant/beneficial owner is a tax resident outside Singapore OR if there is a change to the claimant/beneficial owner's circumstances affecting tax residency status, please also submit the duly completed FATCA and CRS self-certification form for individual account. If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-8 or W-9.
- (c) Before the submission, do ensure your contact details (address, email and contact numbers) with us are updated. Please scan the QR code on page 1 of this form to update your particulars. We will correspond with you based on your contact details registered with us. Please note that the contact details provided in this form will NOT be updated in our records.

Policy number(s) Plan type			Claim numb	per		
	Particulars	of deceased				
Full name of deceased (as shown in NRIC/FIN card/	Passport/Birth Certificate		NRIC/FIN/P	assport/Birth Certificate number		
Address of deceased						
	Details	of death				
1a. Date of death (dd/mm/yyyy)		1b. Cause of death				
1c. Country/Place of death (Specify hospital name if death occurred in hospital)				e death due to suicide?		
1e. Was a post-mortem or autopsy carried out?  (If "Yes", please enclose a copy of the report.)			Yes	□No		
1f. Was any Coroner's Inquest held? (If "Yes", please enclose a copy of the Coroner's Inquiry report.)			Yes	□No		
If death occurred outside of Singapore						
2a. Date the deceased left Singapore (dd/mm/yyyy)						
2b. The purpose of the overseas visit						
2c. What was the intended length of the overseas visit From (dd/mmm/yyyy)				To (dd/mmm/yyyy)		
2d. Was the deceased's body repatriated back to Singapore for cremation/burial? Yes No (If "Yes", please enclose a copy of Repatriation report. If "No", please enclose a copy of Cremation/Burial Permit for overseas cremation/burial. If unavailable, please provide a reason.)						
2e. Please provide below, the name and address o	f the doctor certifying dea	1				
Name of doctor  Address of doctor						

Testament and family status						
3a. Did the deceased leave a will?  If "Yes", please enclose the Last Will.				Yes	No	
3b. Was a Grant of Probate or Grant of Letters of Administration applied for?  If "Yes', please enclose the document.					No	
3c. Deceased's marital status at time of dear	th Single	Married S	eparated [	Divorced	Widowed	
3d. Does the deceased have any children?				Yes	No	
3e. Please provide details of the next of kin	(e.g. spouse, children,	parents, siblings e	tc.) below.			
Full name of family member	NRIC/FIN/Passport/ Birth Certificate number	Date of birth (dd/mm/yyyy)	Relationship with Deceased	Surviving? (Yes/No)	Address/Contact number	
If death occurred as a result of an accident						
4a. Date of accident (dd/mm/yyyy)  4b. Time of accident						
4c. Country/Place of accident						
4d. Detailed description of the accident						
4e. Were there any eye-witnesses to the accident?  If "Yes", please provide details below:					No	
Name of witness Address/Con			mber	Rel	ationship with deceased, if any	
4f. Was the accident reported to the police?  If "Yes", please provide the name of police station at which the accident was reported and the name of police officer in-charge, and enclose a copy of the police report.						

If death occurred as a result of natural causes (E.g. Illness)						
5a. Date deceased first presented with symptoms of the illness (dd/mm/yyyy)//						
5b. Date deceased first consulted a doctor for the illness (dd/mm/yyyy)/						
ors who had attended to t	he deceased for h	nis illness(es) below:				
Name/Address of	clinic/hospital	Date(s) of consultati	on (dd/mm/yyyy)	Reason(s) for	consultation	
any other illnesses/condit below:	ions?		Yes	No		
ess(es)/condition(s)		Date first diagnose	d (dd/mm/yyyy)	Name/Address o	of clinic/hospital	
ased's regular doctor(s) ar	nd company docto	or(s) below:				
Name/Address of	clinic/hospital	Date(s) of consultati	on (dd/mm/yyyy)	Reason(s) for consultation		
	Other in	surances				
h other insurance compar lowing information.	ny(ies)?		Yes	No		
Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Sum assured (S\$)	Claim notified (Yes/No)	Claim paid (Yes/No)	
Beneficial	Ownership of	Reneficiary dec	aration			
iary is defined in the MA s or controls the beneficia	S Notice on Preve ary and includes a	ention of Money Laur iny person who exerc	ndering and Counte ises ultimate effecti	-		
	ement, please lea	ave this section blank	•			
Section A – where the Beneficiary is a natural person  7a. If there is a Beneficial Ownership of Beneficiary arrangement, please submit a copy of their NRIC, FIN card or passport and provide details below. All fields are mandatory.						
If FIN card or Passport is submitted, please provide documentary proof of residential address. Please provide a recent copy of utility, telephone bill, bank statement or correspondence from a government agency (dated within the last 6 months).						
Name of Beneficial Owner of Beneficiary  NRIC/FIN/Passport number  Date of birth (dd/mm/yyyy)					d/mm/yyyy)	
Nationality  Singaporean Singapore PR (Nationality)  Male Female				Deceased		
Others Residential address						
	with symptoms of the illr a doctor for the illness (do ors who had attended to t  Name/Address of  any other illnesses/condit below: ess(es)/condition(s)  ased's regular doctor(s) ar  Name/Address of  Name/Address of  Policy number  Beneficial iary is defined in the MA s or controls the beneficia ship of Beneficiary arrange is a natural person thip of Beneficiary arrange tted, please provide docu from a government agency ficiary	with symptoms of the illness (dd/mm/yyyy) a doctor for the illness (dd/mm/yyyy) ors who had attended to the deceased for h Name/Address of clinic/hospital any other illnesses/conditions? below: ess(es)/condition(s)  Other in h other insurance company(ies)? lowing information.  Policy number  Date of issue (dd/mm/yyyy)  (dd/mm/yyyy)  Beneficiary and includes a ship of Beneficiary arrangement, please leads is a natural person hip of Beneficiary arrangement, please suitted, please provide documentary proof of from a government agency (dated within the ficiary)	with symptoms of the illness (dd/mm/yyyy)/	with symptoms of the illness (dd/mm/yyyy)/	with symptoms of the illness (dd/mm/yyyy)/	

	Ве	eneficial Ownership of	Benef	iciary declaration (contir	nued)	
Section B – where the Beneficiary is a legal person (corporate entity)  7b. If the Beneficiary is a legal person (corporate entity), please provide the details of the Beneficial Owner i.e. individual who ultimately own the legal person, ultimately control the legal person or have ultimate effective control of the legal person and submit a copy of their NRIC, FIN card or passport.  All fields are mandatory.						
	If there is any corporate shareholder(s) (e.g. ACRA Business Profile or its equiv				a copy of t	he business registration information
Nar	ne of Beneficial Owner of Beneficiary			NRIC/FIN/Passport number		Date of birth (dd/mm/yyyy)
	ionality Singaporean Singapore PR (Na Others	ationality	_)	Gender  Male Female		Relationship to Deceased
Res	idential address					
<b>7</b> ci.	Section C – where the Beneficiary is a legal arrangement (a trust, foundation or other similar arrangements)  7ci. If the Beneficiary is a legal arrangement (a trust, foundation or other similar arrangements), we require the details of the Beneficial Owner i.e. trust relevant parties <sup>1</sup> , any natural person exercising ultimate ownership, ultimate control or ultimate effective control (including through a chain of control or ownership) over the trust relevant parties or the trust, and any legal person or legal arrangement along such chain of control or ownership. Please submit a copy of their NRIC, FIN card or passport, a copy of the business registration document (e.g. Accounting and Corporate Regulatory Authority Singapore (ACRA) Business Profile or its equivalent) or a copy of the trust deed (or its equivalent) (if any) and any other required documents (if applicable). The document must contain the name, NRIC/FIN/Passport, date of birth, nationality and residential address.  ¹ Trust Relevant Parties is defined as any of the following: (a) settlor; (b) the trustee; (c) the protector; (d) the beneficiary, class of beneficiaries or object of a power; or (e) any other persons with the power under the legal arrangement instrument or by law to do any of the following: (i) dispose of the property under the legal arrangement; (ii) invest the property under the legal arrangement other than as a trust manager of the legal arrangement; (iii) direct, make or approve distributions of the property under the legal arrangement; (iv) vary or terminate the legal arrangement; (v) add or remove a person as a beneficiary or object of a power under the legal arrangement; or (vi) add a person to, or remove a person from, a class of beneficiaries under the legal arrangement.  7cii. If there is legal person or legal arrangement along such chain of ownership, please provide their details below and submit a copy of the business registration document (e.g. Accounting and Corporate Regulatory Authority Singapore (ACRA) Business Profile or					
Full	name of legal person or legal arranger	ment		Place from where the legal pe	rson or leg	al arrangement is administered
Principal place of business (if different from registered or business address)  Purpose for				Purpose for which the legal pe	erson or leg	gal arrangement was set up
Other information (Compulsory to complete)						
8.	Has any of the following persons been in the policy? If "Yes", please provide		s execut	•		_
	Deceased/Insured		∐ No	Details:		
	Policyholder/Assignee		No	Details:		
	Claimant/Nominee/Trustee/Beneficia	· —	□ No			
	Donee/Court Appointed Deputy		No	Details:		
	Executor/Administrator	Yes	No	Details:		
		Pa	aymen	t mode		
	Please tick only one of the boxes below to indicate payment mode <sup>1,2</sup> Direct credit to your bank account <sup>4</sup> (Please submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders. Please circle the account for crediting if your statement shows more than 1 bank account.)  PayNow to your NRIC/FIN linked account. Please ensure that your PayNow is linked to your NRIC/FIN. Visit income.com.sg/payout/paynow for more details on PayNow.  Telegraphic Transfer <sup>5,6</sup> (For payee who is residing overseas only, please complete the required information and submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders.)					
	TELEGRAPHIC TRANSFER DETAILS					
	Name of bank	Currency for remittance		Swift code	Bank clea	ring code (if any)
	Address and country of bank					ation required for transmittance etails like bank name, bank code,

# Payment mode (continued)

#### Notes

- 1. All claims payment by instalments will be paid to the bank account<sup>3</sup> provided by you in our record or to your PayNow NRIC/FIN linked account based on your chosen payment mode. For other claims, we may request for a copy of your bank book/statement for account verification before we make payment.
- 2. We reserve the right to request for a copy of your bank book/statement for account verification before payment at any point in time where we deem
- 3. If there is a change of bank account, please submit to us a copy of your new bank book/statement for account verification and for us to update your bank account record with us.
- 4. If you opt for direct crediting and we did not receive your bank book/statement or were not able to verify your bank details, PayNow NRIC/FIN will be the default payment mode.
- Kindly confirm with your receiving bank with regards to all information required for successful Telegraphic Transfer transaction. We will transfer the proceeds according to the instructions/information given on this form. In the event of a rejection by the bank or currency control issues, a fresh instruction will be required.
- 6. Payee will have to bear the charges incurred for this Telegraphic Transfer request (that includes subsequent Telegraphic Transfers charges, including bank charges for failed Telegraphic Transfer transactions, resulting from incomplete or error information provided by you).

# Preferred servicing advisor for this claim (for individual life policy only)

prefers to have	Il communications pertaining to this claim will be sent to the advisor who last sold to the policyholder an individual life policy. If the claimant a different servicing advisor for this claim, please indicate below and provide the details of the preferred servicing advisor*. The have the communications relating to this claim copied to the preferred servicing advisor* indicated below.
Name of advis	or:
Contact numb	er of advisor:
Otherwise	ed servicing advisor must be an advisor to the policyholder's (where this claim is relating to) existing individual life policy with Income Insurance.  your preference indicated above will not be valid and communications pertaining to this claim will be sent to the advisor who last sold to the er an individual life policy.

## **Personal Data Use Statement**

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income Insurance including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

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

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

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

## **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" (PDUS) above. I further confirm on the representation and warranty made in the PDUS.
- 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 Insurance any medical or relevant information to do with me or the insured;
  - b. Income Insurance and its relevant third parties stated in Income Insurance'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 Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance 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 1953 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 1953.

## **Declaration and authorisation (continued)**

- 8. I understand that I must give Income Insurance all documents, authorisations or information required by Income Insurance to assess the claim. If I fail to co-operate with Income Insurance in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income Insurance may reject the claim.
- 9. I agree that if I or any \*Relevant Person is found to be a \*Prohibited Person:
  - if any policy is issued, you are entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Your decision in every respect of the above will be final.

I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

- # <u>Relevant Person</u> includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.
- <sup>+</sup> <u>Prohibited Person</u> means a person or entity who is, or who is ^Related to a person or entity:
  - subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.
- <sup>^</sup> <u>Related</u> includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.
- 10. I understand and agree that a copy of communication by email or postal mail between Income Insurance and I relating to this claim will be sent to the advisor who last sold to the policyholder an individual life policy except where I have indicated in this form a preferred servicing advisor who is also an advisor to the policyholder's existing individual life policy with Income Insurance.
- 11. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.
- 12. I agree to refund in full the monies which is paid by mistake or which I am not entitled to receive to Income Insurance immediately upon Income Insurance's request or once I found out on such mistake or wrong payment.
- 13. I understand and agree that once Income Insurance makes payment for a claim under this form to me (including any subsequent payment arising from this claim), Income Insurance's liability for such claim will be fully released and discharged accordingly.

Full name of deceased (as shown in NRIC/FIN card,	/Passport/Birth Certificate)	NRIC/FIN/Passport/Birth Certificate number
Full name (as shown in NRIC/FIN card/Passport) of beneficiary or their legal personal representative	NRIC/FIN/Passport number	
Relationship to deceased		
·		
Address		
Email address		
Contact number		
(Hand phone)	(Home) (Office	e)
Signature/thumbprint		Date signed (dd/mm/yyyy)