

## Checklist for Death Claim (Group Personal Accident Plan for Shareholders and Policyholders)

### Important notes

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 claimant.

All overseas documents must be certified as true copies by your lawyer or any Notary Public.

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.

Please email the following documents to [groupclaim@income.com.sg](mailto:groupclaim@income.com.sg) within 60 days from the date of accident.

- (a) This 'Death Claim Form' to be completed by the claimant`. All items must be duly completed, please indicate as "N.A" if not applicable.
- (b) Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)
- (c) 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.
- (d) Repatriation Report (if body was repatriated to Singapore for cremation/burial)
- (e) Cremation/burial permit (if cremation or burial occurred overseas)
- (f) NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant(s)
- (g) Proof of claimant's relationship with deceased (please refer to 'Documents for Proof of Relationship')
- (h) Newspaper Clipping and Police Report
- (i) Post-mortem and toxicology report

The list of documents is not exhaustive, we may request from you any additional information or documents, as necessary.

### DOCUMENTS FOR PROOF OF RELATIONSHIP

#### **GROUP INSURANCE POLICIES – WHERE CLAIMANT IS NEXT OF KIN**

CLAIMANT	DOCUMENTS TO SUBMIT
Spouse	<ul style="list-style-type: none"> <li>• NRIC of Spouse</li> <li>• Marriage Certificate of Spouse</li> </ul>
Parent	<ul style="list-style-type: none"> <li>• NRIC of Parent</li> <li>• Birth Certificate of Deceased</li> </ul>
Child	<ul style="list-style-type: none"> <li>• NRIC of Child</li> <li>• Birth Certificate of Child</li> </ul>
Sibling	<ul style="list-style-type: none"> <li>• NRIC of Sibling</li> <li>• Birth Certificate of Deceased</li> <li>• Birth Certificate of Sibling</li> </ul>

## Group Personal Accident Plan (For Income's Shareholders and Policyholders)

### 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 claimant. To avoid delay in processing your claim, please email the duly completed claim form together with the supporting documents to groupclaim@income.com.sg within 60 days from date of accident.

Policy number(s) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">2100402197</div>	Claim number
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### Particulars of deceased

Full Name (as shown in NRIC, FIN or Passport)		NRIC/Passport/Birth Certificate number
Occupation		Date last at work (dd/mm/yyyy)
Name and address of employer (or last employer if deceased was unemployed)	Residential address	

### Details of death

Date of death (dd/mm/yyyy)	Cause of death	
Place of death (Specify hospital name if death occurred in hospital)	Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For death occurring outside Singapore, was the deceased buried or cremated outside Singapore? (If "Yes", please enclose a copy of the burial or cremation permit.)		
Was a post-mortem or autopsy carried out? (If "Yes", please enclose a copy of the report.)	<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	

### Testament and family status

a. Did the deceased leave a will? If "Yes", please enclose the Last Will and provide Executor's particular below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Executor (as shown in NRIC)		NRIC number	
Address			
Contact number			
(Office)	(House)	(Hand phone)	
b. Deceased's marital status at time of death <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
(i) Is there a surviving spouse? If "Yes", please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of spouse	NRIC number	Date of birth (dd/mm/yyyy)	Address/Contact number

### Testament and family status (continued)

(ii) Is/Are there any surviving child(ren)?  
If "Yes", please provide details below:

Yes     No

Name of child	NRIC/Birth Certificate number	Date of birth (dd/mm/yyyy)	Address/Contact number

(iii) Please provide details of the parents/siblings below:

Name of family member	NRIC/Birth Certificate number	Date of birth (dd/mm/yyyy)	Relationship with Deceased	Surviving? (Yes/No)	Address/Contact number

### Details of the 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? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If "Yes", please provide details below:		
Name of witness	Address/Contact number	Relationship with deceased, if any
b. Was the accident reported to the police? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> 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.		

### Other insurances

Was the deceased insured with other insurance company(ies)?  Yes  No  
 If "Yes", please provide the following information.

Name of insurance company	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notified (Yes/No)	Claim paid (Yes/No)

### Other information

**Has the deceased or claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors since becoming interested in the policy?**  
 If "Yes", please provide details.

Policyholder  Yes  No Details: \_\_\_\_\_

Assignee  Yes  No Details: \_\_\_\_\_

Donee/  
Court Appointed Deputy  Yes  No Details: \_\_\_\_\_

Insured  Yes  No Details: \_\_\_\_\_

### Payment methods

PayNow by Claimant's NRIC

Direct credit into Claimant's personal bank account

Name of bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account number \_\_\_\_\_

(Please submit a copy of bank statement OR bank passbook showing account holder's name and account details. This must be a Singapore bank account denominated in Singapore Dollar that belongs to the Claimant.)

### Beneficial Ownership Declaration - *This is NOT a nomination of beneficiaries of this policy*

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Ownership Arrangement, please

1. Please submit a copy of their NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here:

[www.income.com.sg/Policy-downloads-and-forms](http://www.income.com.sg/Policy-downloads-and-forms); and

2. Provide details below:

Name of Beneficial Owner	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Nationality	Gender	Relationship to Proposer
<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality) _____ <input type="checkbox"/> Others _____	<input type="checkbox"/> Male  <input type="checkbox"/> Female	

## Personal data use statement (A photocopy of this authorisation is valid as an original copy)

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance 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 <http://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, managing my/our relationship and policies with Income 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, conducting consumer profiling/ data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, 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's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us 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.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from 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 underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

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

## Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

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.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of deceased (as shown in NRIC, FIN or Passport)	NRIC/FIN/Passport				
Name of claimant	NRIC/FIN/Passport				
Relationship to deceased					
Address					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Contact number (Office)</td> <td style="width: 25%; border: none;">(House)</td> <td style="width: 25%; border: none;">(Hand phone)</td> <td style="width: 25%; border: none;">(Email)</td> </tr> </table>		Contact number (Office)	(House)	(Hand phone)	(Email)
Contact number (Office)	(House)	(Hand phone)	(Email)		
Signature/thumbprint	Date (dd/mm/yyyy)				