



## Checklist for Retrenchment Claim (Individual Policies)

Please submit your claim via email to us at [csquery@income.com.sg](mailto:csquery@income.com.sg)

### Dear claimant

We are sorry to learn of your retrenchment. In order for us to process your claim, we require the following information and document(s) (Please tick '✓' the appropriate box and enclose the required documents):

### Important notes

- (a) Please submit this claim only after 3 months from your date of termination (retrenchment).
- (b) All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
- (c) Upon receipt of ALL the required documents, we will process your claim and inform you of the outcome as soon as possible.
- (d) All overseas documents must be certified as true copies by a Notary Public.
- (e) 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.
- (f) Income Insurance reserves the rights to request for additional documents when deemed necessary.
- (g) Please continue to pay the premiums to keep your policy in force.

\_\_\_\_\_ Retrenchment Claim Form to be completed by claimant

\_\_\_\_\_ Retrenchment letter<sup>^</sup> from employer stating reason(s) for the retrenchment and date of termination

\_\_\_\_\_ Letter<sup>^</sup> from your previous employer stating your employment start date

\_\_\_\_\_ Letter<sup>^</sup> stating your employment start date if you have found employment following the retrenchment

\_\_\_\_\_ CPF Statement showing last 6 months' contribution prior to retrenchment and cessation of contribution for at least 4 months after date of retrenchment

\_\_\_\_\_ Your bank book/statement for crediting of claim proceeds. It must show the bank name, bank account number and full names of all bank account holders.

<sup>^</sup> This letter must be an official letter with Company Letterhead



## Retrenchment Claim (Individual Policies)

**Important Notice**

(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) Please note that the contact details provided in this form will not be updated in our records. We will correspond with you based on your registered contact details with us. To ensure your contact details with us are updated, please scan the QR code on page 1 of this form to update your particulars with us.

Policy number(s)	Plan type	Claim number
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### Particulars of policyholder

Full name of policyholder (as shown in NRIC/FIN card/Passport)	NRIC/FIN/Passport number
Address of policyholder	
Contact number (Hand phone) (Office)	Email address

### Particulars of assignee (if policy is assigned)

Full name of assignee (as shown in NRIC/FIN card/Passport)	NRIC/FIN/Passport number
Address of assignee	
Contact number (Hand phone) (Office)	Email address

### Details of past employment of policyholder

1. Period of employment From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____
2. Position last held and description of duties
3. Name of employer
4. Address of employer
5. Unique Entity Number (UEN) of Employer

**Details of past employment of policyholder (continued)**

6. Was the employment on full-time or part-time basis?

Full-time     Part-time

7. Was the employment on a permanent basis?

If No, please provide details of the nature of employment or hours worked on a regular basis (e.g. contract worker, seasonal worker, free-lance worker, casual or temporary employee etc.)

Yes     No

8. Was the employment on a fixed-term contract?

If yes, please provide details:

i) Period of contract  
From (dd/mm/yyyy) \_\_\_\_\_ To (dd/mm/yyyy) \_\_\_\_\_

ii) Is the contract renewable yearly?     Yes     No

iii) Please state the date the contract was last renewed (dd/mm/yyyy) \_\_\_\_\_

Yes     No

9. Were you self-employed, or an independent contractor or sole proprietor before being retrenched?

If yes, please provide details:

i) Date of commencement of business (dd/mm/yyyy) \_\_\_\_\_

ii) Date of cessation of business (dd/mm/yyyy) \_\_\_\_\_

iii) Reason for cessation of business  
Please elaborate.

iv) Has the cessation of business been submitted to the authorities (e.g. Inland Revenue Authority of Singapore, Registry of Companies and Businesses)?

Please submit copy of document(s) related to the cessation of business and copy of the latest Accounting And Corporate Regulatory Authority (ACRA).

Yes     No

Yes     No

10. Please state the date you were first notified that you may be retrenched/unemployed

(dd/mm/yyyy) \_\_\_\_\_

11. Please provide the reason(s) for termination of employment

12. Please state the date when you last worked

(dd/mm/yyyy) \_\_\_\_\_

13. Are you currently employed by another employer?

If yes, please provide details:

i) Start of new employment (dd/mm/yyyy) \_\_\_\_\_

ii) Position held and description of duties

iii) Name of the new employer/new place of business (if self employed)

Yes     No

### Details of past employment of Policyholder (continued)

iv) Address of the new employer/new place of business (if self employed)

v) Contact number of new employer/business

### Other information (Compulsory to complete)

**Has the 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: \_\_\_\_\_

### Payment method

Payment (if any) will be credited into your bank account (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.)

Notes:

1. All future medical claims or claims payment by instalments will be paid to the bank account provided by you in our record. For other claims, we may request for a copy of your bank book or statement for account verification before we make payment.
2. We reserve the right to request for a copy of your bank book or statement for account verification before payment at any point in time where we deem necessary.
3. If there is a change of bank account, please submit to us a copy of your new bank book or statement for account verification and for us to update your bank account record with us.

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

Do note that all communications pertaining to this claim will be sent to the advisor who last sold to the policyholder an individual life policy. If the claimant prefers to have a different servicing advisor for this claim, please indicate below and provide the details of the preferred servicing advisor\*.

I prefer to have the communications relating to this claim copied to the preferred servicing advisor\* indicated below.

Name of advisor: \_\_\_\_\_

Contact number of advisor: \_\_\_\_\_

\* The preferred servicing advisor must be an advisor to the policyholder's (where this claim is relating to) existing individual life policy with Income Insurance. Otherwise, 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 policyholder 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 <https://www.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 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 Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my 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/insured name(s) and relevant policy(ies) information 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 (<https://www.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. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
6. I confirm that all copies of the claim documents that I have submitted to Income Insurance are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income Insurance to verify its authenticity.
7. I am aware that Income Insurance may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me.
8. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income Insurance for reimbursement and I have not made nor will I make any claim against any other source for the same bill(s)/invoice(s).
9. If I have made a claim from other source,
  - I agree that I will provide a copy of any document requested by Income Insurance of the payment received by me;
  - I am aware that Income Insurance will not reimburse me if I have been fully reimbursed by such source;
  - I am aware that Income Insurance may only reimburse me up to the remaining balance of the unpaid bill/invoice I have been partially reimbursed by such source;
  - I undertake to refund on demand any payment made by Income Insurance to me which exceeds what I have incurred in total.
10. 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.
11. I agree that if I or any <sup>#</sup>Relevant Person is found to be a <sup>\*</sup>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.

<sup>#</sup> *Relevant Person* 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> *Prohibited Person* means a person or entity who is, or who is <sup>^</sup>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> *Related* 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.
12. 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.
13. 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.
14. 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.
15. 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 (as shown in NRIC/FIN card/Passport) and signature of <b>Policyholder</b>	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full name (as shown in NRIC/FIN card/Passport) and signature of <b>Assignee</b> (if policy is assigned)	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)