



Checklist for Death Claim (Individual Policies)

Please submit your claim via email as follows:

Claims on Individual life policy, Primeshield/Care Secure 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 (✓) 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.
- (f) For policy 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 is 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. resident 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.sg/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 (PR) 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 last 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)

_____ 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.

_____ 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 waiver 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 effective 1 Sep 2009	Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents
Trust Nomination Policy effective 1 Sep 2009 (also known as Irrevocable Nomination)	1st Trustee	<ul style="list-style-type: none"> • NRIC of Trustee
	No 1st Trustee Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	No 1st Trustee Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Parent
Nomination by way of Will effective 1 Sep 2009	Executor	<ul style="list-style-type: none"> • 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 Co-operative Societies Act	Nominee (> 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	<u>With Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Trustee • NRIC of Nominee • Birth Certificate of Nominee
	<u>No Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents

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/ Dependants' Protection Scheme (DPS) policy/Primeshield/ Care Secure policy	With Will	Executor	<ul style="list-style-type: none"> • A copy of the Last Will • NRIC of the Executor
	Without Will	Spouse	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • NRIC of Parent • Birth Certificate of Deceased
		Child	<ul style="list-style-type: none"> • NRIC of Child • Birth Certificate of Child
		Sibling	<ul style="list-style-type: none"> • NRIC of Sibling • Birth Certificate of Deceased • Birth Certificate of Sibling



Death 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) 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) 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 deceased

Full name of deceased (as shown in NRIC/FIN card/Passport/Birth Certificate)	NRIC/FIN/Passport/Birth Certificate number
Address of deceased	Occupation

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)	1d. Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No
1e. 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
1f. 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

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? (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 of the doctor certifying death:		
Name of doctor	Address of doctor	

Testament and family status

3a. Did the deceased leave a will? Yes No
 If "Yes", please enclose the Last Will.

3b. Was a Grant of Probate or Grant of Letters of Administration applied for? Yes No
 If "Yes", please enclose the document.

3c. Deceased's marital status at time of death Single Married Separated Divorced Widowed

3d. Please provide details of the next of kin (e.g. spouse, children, parents, siblings etc.) 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? Yes No
 If "Yes", please provide details below:

Name of witness	Address/Contact number	Relationship with deceased, if any

4f. Was the accident reported to the police? Yes No
 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) _____ / _____ / _____

5c. Please provide details of doctors who had attended to the deceased for his illness(es) below:

Name of doctor	Name/Address of clinic/hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

5d. Did the deceased suffer from any other illnesses/conditions? Yes No
If "Yes", please provide details below:

Details of illness(es)/condition(s)	Date first diagnosed (dd/mm/yyyy)	Name/Address of clinic/hospital

5e. Please provide details of deceased's regular doctor(s) and company doctor(s) below:

Name of doctor	Name/Address of clinic/hospital	Date(s) of consultation (dd/mm/yyyy)	Reason(s) for consultation

Other insurances

6. 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	Sum assured (S\$)	Claim notified (Yes/No)	Claim paid (Yes/No)

Beneficial Ownership of Beneficiary declaration

7. A Beneficial Owner of Beneficiary 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 beneficiary and includes any person who exercises ultimate effective control over the beneficiary.
If there is no Beneficial Ownership of Beneficiary arrangement, please leave this section blank.
If there is a Beneficial Ownership of Beneficiary arrangement, please submit a copy of their NRIC, FIN card or passport and provide details below.

7a. Name of Beneficial Owner	7b. NRIC/FIN/Passport number	7c. Date of birth (dd/mm/yyyy)
7d. Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality _____) <input type="checkbox"/> Others _____	7e. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	7f. Relationship to Deceased

7g. If the Beneficial Owner of the Beneficiary is a legal person (corporate entity) or legal arrangement (a trust, foundation or other similar arrangements), please submit a copy of the business registration document (e.g. Accounting and Corporate Regulatory Authority Singapore (ACRA) Business Profile or its equivalent).

7h. If there is any corporate shareholder(s) that owns ≥ 25% of the Beneficial Owner of Beneficiary (corporate entity), please submit a copy of the business registration information (e.g. ACRA Business Profile or its equivalent), down to the ultimate individual shareholder.

Other information (Compulsory to complete)

8. Has the deceased or 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.

Deceased Yes No Details: _____

Claimant 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.

Declaration and authorisation (continued)

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.
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.
- # *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.*
- * *Prohibited Person 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.*
- ^ *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.*
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 nominee/claimant/policyholder/assignee or their legal personal representative	NRIC/FIN/Passport number
Relationship to deceased	
Address	
Email address	
Contact number (Hand phone) (Home) (Office)	
Signature/thumbprint	Date signed (dd/mm/yyyy)