



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/Long-Term Pass _____ NRIC/Passport/Long-Term Pass number _____	1. Marriage certificate of insured 2. NRIC and/or Passport and/or Long-Term Pass (non-Singapore citizen) of insured's spouse
<input type="checkbox"/> Child (below age 21) Full name as per NRIC/Passport/Long-Term Pass/ Birth Certificate _____ NRIC/Passport/Long-Term Pass/ Birth Certificate number _____	1. Birth certificate of insured's child 2. NRIC and/or passport and/or Long-Term Pass (non-Singapore citizen) of insured's child
<input type="checkbox"/> Father Full name as per NRIC/Passport/Long-Term Pass _____ NRIC/Passport/Long-Term Pass number _____	1. Birth certificate of insured 2. NRIC and/or Passport and/or Long-Term Pass (non-Singapore citizen) of insured's father
<input type="checkbox"/> Mother Full name as per NRIC/Passport/Long-Term Pass _____ NRIC/Passport/Long-Term Pass number _____	1. Birth certificate of insured 2. NRIC and/or Passport and/or Long-Term Pass (non-Singapore citizen) of insured's mother
<input type="checkbox"/> Father-in-law Full name as per NRIC/Passport/Long-Term Pass _____ NRIC/Passport/Long-Term Pass number _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or Passport and/or Long-Term Pass (non-Singapore citizen) of insured's father-in-law
<input type="checkbox"/> Mother-in-law Full name as per NRIC/Passport/Long-Term Pass _____ NRIC/Passport/Long-Term Pass number _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or Passport and/or Long-Term Pass (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 Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income 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 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 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, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to 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" (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 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 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 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.
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 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.
11. I agree to refund in full the monies which is paid by mistake or which I am not entitled to receive to Income immediately upon Income's request or once I found out on such mistake or wrong payment.
12. I understand and agree that once Income made payment for a claim under this form to me (including any subsequent payment arising from this claim) whether to the bank account provided by me in Income's latest record or by cheque, whichever applicable, Income's liability for such claim will be released and discharged accordingly.

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/Long-Term Pass 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/Long-Term Pass 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/Long-Term Pass 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/Long-Term Pass number	
Full name of nominee/claimant/the legal personal representative of the policyholder	NRIC/Passport/Long-Term Pass 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/Long-Term Pass/ 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/Long-Term Pass number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Long-Term Pass/ 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/Long-Term Pass number	Date signed (dd/mm/yyyy)
Full name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Long-Term Pass/ 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/Long-Term Pass number	Date signed (dd/mm/yyyy)
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Full name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport/Long-Term Pass number	Date signed (dd/mm/yyyy)