

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6788 1777 · Fax: 6338 1500 Email: csquery@income.com.sg · Website: www.income.com.sg



Checklist for Death Claim (Individual Policies)

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) We encourage you to opt for Direct Crediting under the Payment Method section of the claim form for payment to reach you faster.
- (c) 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 (V) if applicable.
- (d) All overseas documents must be certified as true copies by your lawyer or any 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) 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 (Not required if the death claim is filed only for Dependants' Protection Scheme (DPS), Special Schemes or Group Insurance policies)
Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)
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.
Repatriation Report (if body was repatriated to Singapore for cremation/burial)
Cremation/burial permit (if cremation or burial occurred overseas)
NRIC or relevant identification documents (e.g. passports, birth certificates) 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)
Latest pay slip of deceased (for group policies)
Dependant Booster Benefit Claim Form (for Family Protect policy only), to be completed by nominee/claimant
Submission of documents

Please submit all claim documents at any of our branches¹, OR through your insurance adviser, OR by post to:

Branch Claims Services NTUC INCOME Insurance Co-operative Limited 75 Bras Basah Road **INCOME** Centre Singapore 189557

¹ Please refer to our website **www.income.com.sg** for the location and opening hours of our branches.

If you need any assistance, please contact our Customer Service Officers or email us:

Personal life claims: 6788 1122 or csquery@income.com.sg

Group life insurance claims: 6332 1133 or groupclaim@income.com.sg

DOCUMENTS FOR PROOF OF RELATIONSHIP

WITH NOMINATION

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)	NRIC of NomineeBirth Certificate of NomineeNRIC of Nominee's Parents
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)	NRIC of NomineeBirth Certificate of NomineeNRIC of Parent
Nomination by way of Will effective 1 Sep 2009	Executor	 Copy of the Last Will (Note that Income 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)	NRIC of TrusteeNRIC of NomineeBirth Certificate of Nominee
	No Trustee Nominee (< 21 years old)	NRIC of NomineeBirth Certificate of NomineeNRIC of Nominee's Parents

WITHOUT NOMINATION - ESTATE POLICY (NO BENEFICIARY NAMED)

TYPE OF POLICY		CLAIMANT	DOCUMENTS TO SUBMIT	
Individual life policy/ Special Schemes policy/	With Will	Executor	A copy of the Last Will NRIC of the Executor	
Dependants' Protection Scheme (DPS) policy.	Without Will	Spouse	NRIC of Spouse Marriage Certificate of Spouse	
		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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Death Claim Form (For Individual Policies)

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				
	Particula	ars of deceased						
Full name as per NRIC/Passport			NF	RIC/Pass	port number			
Occupation								
	Deta	ils of death						
Date of death (dd/mm/yyyy)		Cause of death						
Place of death (Specify hospital name in	f death occurred in hospital)		Wa	as the d	eath due to suicide?			
				Yes	No			
For death occurring outside Singapore,	was the deceased buried or crema	ated outside Singapore	·	Yes	No			
(If "Yes", please enclose a copy of the b		ated outside on Bapere	_					
Was a post-mortem or autopsy carried	out?			Yes	No			
(If "Yes", please enclose a copy of the re								
Was any Coroner's Inquest held?				Yes	No			
(If "Yes", please enclose a copy of the C								
	Tostomont	and family status						
2111	Testament	and family status		l.,	□No			
a. Did the deceased leave a will? If "Yes", please enclose the Last Wi	ill and provide Executor's particular	r below.		Yes	∐ NO			
Full name of Executor (as shown in NRI	C/Passport)		NRIC/Pass	port nu	mber			
Address								
Contact number	Contact number							
(Office) (House) (Hand phone)								
b. Deceased's marital status at time of	b. Deceased's marital status at time of death Single Married Separated Divorced Widowed							
(i) Is there a surviving spouse? If "Yes", please provide details	below:			Yes	□No			
Full name of spouse	NRIC/Passport number	Date of birth (dd/m	m/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
Full name of child	NRIC/Birth Certif	icate number	Date of birth (dd/mm/yyyy)		Address/Contact number
(iii) Please provide details of the parents	/siblings below:				
Full name of family member	NRIC/Passport number	Date of birth (dd/mm/yyyy)	Relationship with Deceased	Surviving? (Yes/No)	Address/Contact number
	If death occu	rred as a resu	It of an accide	nt	
Date of accident (dd/mm/yyyy)			of accident		
Place of accident					
Detailed description of the accident					
a. Were there any eye-witnesses to the acc If "Yes", please provide details below:	ident?			Yes	No
Name of witness	Ad	ddress/Contact nu	ımber	Re	elationship with deceased, if any
b. 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 copthe police report.					

If death occurred as a result of natural causes (E.g. Illness)								
a. Date deceased first presented with symptoms of the illness (dd/mm/yyyy)//								
b. Date deceased first consulted a doctor for the illness (dd/mm/yyyy)/								
c. 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 consultati	on (dd/mm/yyyy)	Reason(s) for	consultation		
		·						
d. Did the deceased suffer fr If "Yes", please provide de	rom any other illnesses/condit etails below:	ions?		Yes	No			
Details o	of illness(es)/condition(s)		Date first diagnose	d (dd/mm/yyyy)	Name/Address o	of clinic/hospital		
e. Please provide details of o	deceased's regular doctor(s) a	nd company docto	or(s) below:					
Name of doctor	Name/Address of	clinic/hospital	Date(s) of consultati	on (dd/mm/yyyy)	Reason(s) for consultation			
		Other in	surances					
Was the deceased insured wit If "Yes", please provide the fol		es)?		Yes	No			
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)		
A D			rship declaration					
A Beneficial Owner is defined in owns or controls the custome	r or the individual on whose b	ehalf business rela	ations are established	_	rrorism as an individ	ual who ultimately		
If there no Beneficial Ownersh	nip arrangement, please leave	this section blank	•					
If there is a Beneficial Ownership arrangement, please 1. 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; and						der, Entity Account		
2. Provide details below:			NIDIO/E	l /FIN:	<u> </u>			
Name of Beneficial Owner			NRIC/Passport num	ber/FIN	Date of birth (dd/r	nm/yyyy)		
Nationality Singaporean Singa Others	apore PR (Nationality)	Gender ionality) Male			Relationship to De	ceased		

				Other information			
Has the decea in the policy?			-	or has executed any deed o	r transfer for	the benefit of creditors since becoming interested	
Deceased	Yes	No	Details:				
Claimant	Yes	No	Details:				
				Payment method			
Credit into	my <u>personal</u> f your stateme	bank account ent shows mor		of your bank book or state		ount verification. You need to circle the account for rediting for payment to reach you faster.	
			Per	sonal data use statem	nent		
("Income"), it and represent and disclose a "personal dat or recomment and notices of the personal where the personal dat or recomment and notices of the personal where the personal p	s representatives (collectiny personal da") for the purdation on proon updates and resonal data of sether in this of obtained theire authorised ses as set out	ves, agents, re tively "Incom- lata in this for rposes of proc ducts and servicing, res another person or subsequent r consent for to give any au in this Person	levant third parties, In e Parties") (referred to m or obtained from of essing and administer vices, managing my/ou earch and data analyti n(s) (for example, pers submissions) or from of the collection, disclosu thorisation, approval and Data Use Statement	come's appointed insurance of in Income's Privacy Policy ther sources, including existing my/our insurance applicationship and policies with the manner and formal data of the insured persother sources to Income Paire and use of their personal donsent on their behalf.	e intermediari y at https://w ting personal cation or tran with Income i for the purpo: son, my family rties, I/we rep I data; and to collect, us	e or disclose, their personal data,	
Please refer to	o income s Pri	vacy Policy for				onal data and consent withdrawal.	
4				laration and authorisa			
2. I declare the on my beh 3. I confirm to the pure a. The me b. Income claim. 4. I agree the the pure central and third parts any pure provide the pure the the the pure the the the the the the the the the th	 I cannot alter any of the wordings in this form. Any attempt to do so will have no effect. 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. 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" above. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them. For the purpose of administering and processing my claim, I authorise, consent and agree to: The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the insured; 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 Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to assess this claim. I agree that a copy of the authorisation in this form is valid and binding as an original copy. 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:						
Relationship t	n deceased						
c.adonsinp t	_ =====================================						
Address Email address	Address Email address						
Contact numb (Office)	er		(House)		(Hand phone	2)	
Signature/thu	mbprint					Date signed (dd/mm/yyyy)	



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821/089

FATCA and CRS self-certification form for individual account holder

Instruction (Please read before completing the form)

NTUC Income Insurance Co-operative Limited ("Income") is required to collect and report certain information about an account holder's tax residency in order to comply with the Singapore Income Tax Act (Chapter 134) and related regulations including Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (FATCA) and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS).

Please complete this form if you are an individual, a sole trader or sole proprietor. For multiple Account Holders, please use a separate form for each Account Holder. For the purpose of this self-certification, an Account Holder may refer to the following persons: Proposer (eventually the Policyowner), Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under Section 132 of the Singapore Insurance Act 1966. Should any information provided change in the future, please ensure that you notify us promptly.

If you have require further details, please consult your tax/legal adviser or local tax authority.

http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/

We may contact you to collect more information if required. It is important for you to provide us with complete and accurate information in this form, as these are pursuant to requirements under Singapore Income Tax Act (Chapter 134) and its subsidiary legislation.

	Individual self-certification form							
	Section 1: Identification of individual account holder							
Propos	al/Policy numb	oer		Date of birth (dd/mm/yy	yyy)			
Name	(as shown in N	RIC or FIN)		NRIC number or FIN	Sex Male Female			
Reside	ntial address				Country of birth			
Countr	y of residence				Postal code/ZIP code			
			Section 2: Ta	x Residency de	claration			
If yo	our TIN is not y	your NRIC or FIN, ple	pore and do not have a foreign ease state it here: following list of country(ies), or U.S. tax resident, please of	/jurisdiction(s) (incl	ude Singapore, if applicabl		details below).	
No		/Jurisdiction(s) residence	TIN		ble, please select on the efer to Table 1 below)		as been selected, please hy TIN is not available	
1				A 🗆 /	′ B□/ C□			
2				A 🗆 /]/ B□/ c□			
3				A 🗆 /	′ B 🗌 / C 🗌			
4				A 🗆 /	′ B 🗌 / C 🗌			
5				A	′ B			
Table 1								
Re	eason code			Descri	ption			
	A The country/jurisdiction where the account holder is resident does not issue TINs to its residents.							
	В	The account hold if you have select	er is otherwise unable to obt ed this reason)	tain a TIN or equiva	lent number. (Please expla	nin why you ar	e unable to obtain a TIN	
	C No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)							

Section 3: Country of address outside country of tax residency (where relevant)

If your residential address, mailing address or contact number does not correspond with your declared country(ies)/jurisdiction(s) of tax residence, please select a reason that applies:

Tick (✓) ONE only and submit relevant supporting documents:

No	Reason	Tick the box
1	Student at an education institution in the country of residential	
2	Working in the country of residential for less than 6 months	
3	On an educational or cultural exchange visitor program in the country of residential for less than 6 months	
4	Regular travel between jurisdictions for work and home	
5	Others – Please specify:	

Section 4 – Declarations and authorisation

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to. Income's privacy policy can be viewed at http://www.income.com.sg/privacy-policy.

I agree and expressly consent that Income shall have the right to provide my personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) to fulfil its obligations under applicable tax regulations, including Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act ("FATCA") and the OECD Common Reporting Standard for Common Exchange of Financial Account Information "CRS"). I understand that such disclosures may:

- (a) involve cross border transfer of personal data and information outside the jurisdiction;
- (b) be in respect to personal data and information provided in this form, or in any document provided, or to be provided to Income by me or from other sources; and
- (c) relate to personal data of the Account Holder and any information about relevant policy or policies.

I understand that Income will not be able to sell or administer any insurance product or provide any services to me if I refuse to give this expressed consent. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all accounts to which this form relates.

I declare that all statements made in this form are correct and complete. I undertake to inform Income within 30 days if there is a change in circumstances that affects the tax residency status of the Account Holder or causes the information in this form to be incorrect or incomplete. I shall provide Income with an updated self certification form within 90 days of such change in circumstances. I understand any false, misleading or fraudulent information regarding my resident status for tax purposes may result in certain penalties.

Name of signatory#:	
Signature:	Pm.
Date (dd/mm/yyyy):	
[#] Declaration below 18 years old requires a legal guardian to sign off. Note: If you are not the account holder, please indicate the capacity in also attach a certified true copy of the power of attorney.	which you are signing the form. If you are signing under a power of attorney, please
Capacity of the signatory:	
Parent	
Legal Guardian	
Lasting Power of Attorney	
Others (Please specify)

Appendix – Defined Terms

Note: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD "Common Reporting Standard for Automatic Exchange of Financial Account Information" (the "CRS"), the associated "Commentary" to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal.

Term	Description
Account Holder	The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a financial institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder. An Account Holder for purposes of this self certification may refer to a Proposer (eventually the Policyowner), Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust or a Trust Nominee named under Section 132 of the Singapore Insurance Act 1966.
FATCA	FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities.
Financial Account	A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.
Participating Jurisdiction	A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.
Entity	The term "Entity" means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.
Control	Control over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person or persons are identified as exercising control of the Entity through ownership interests, the Controlling Person of the Entity is deemed to be the natural person who holds the position of senior managing official.
Reportable Account	The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.
Reportable Jurisdiction	A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.
Reportable Person	A Reportable Person is an individual (or entity) that is tax resident in a Reportable Jurisdiction under the laws of that jurisdiction. The Account Holder will normally be the "Reportable Person"; however, in the case of an Account Holder that is a Passive NFE, a Reportable Person also includes any Controlling Persons who are tax resident in a Reportable Jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.
TIN (including "functional equivalent")	The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.