



## 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 (✓) 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 branches<sup>1</sup>, 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

<sup>1</sup> Please refer to our website [www.income.com.sg](http://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](mailto:csquery@income.com.sg)  
Group life insurance claims: **6332 1133** or [groupclaim@income.com.sg](mailto:groupclaim@income.com.sg)

**DOCUMENTS FOR PROOF OF RELATIONSHIP**

**WITH NOMINATION**

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Revocable Nomination Policy effective 1 Sep 2009	Nominee (> 18 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> </ul>
	Nominee (< 18 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> <li>• Birth Certificate of Nominee</li> <li>• NRIC of Nominee's Parents</li> </ul>
Trust Nomination Policy effective 1 Sep 2009 (also known as Irrevocable Nomination)	1st Trustee	<ul style="list-style-type: none"> <li>• NRIC of Trustee</li> </ul>
	No 1st Trustee Nominee (> 18 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> </ul>
	No 1st Trustee Nominee (< 18 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> <li>• Birth Certificate of Nominee</li> <li>• NRIC of Parent</li> </ul>
Nomination by way of Will effective 1 Sep 2009	Executor	<ul style="list-style-type: none"> <li>• Copy of the Last Will (Note that Income policy must be stated for the nomination to be valid)</li> <li>• NRIC of Executor</li> </ul>
Nomination under Section 45 Co-operative Societies Act	Nominee (> 21 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> </ul>
	<u>With Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> <li>• NRIC of Trustee</li> <li>• NRIC of Nominee</li> <li>• Birth Certificate of Nominee</li> </ul>
	<u>No Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> <li>• NRIC of Nominee</li> <li>• Birth Certificate of Nominee</li> <li>• NRIC of Nominee's Parents</li> </ul>

**WITHOUT NOMINATION - ESTATE POLICY (NO BENEFICIARY NAMED)**

TYPE OF POLICY	CLAIMANT		DOCUMENTS TO SUBMIT
Individual life policy/ Special Schemes policy/ Dependants' Protection Scheme (DPS) policy.	With Will	Executor	<ul style="list-style-type: none"> <li>• A copy of the Last Will</li> <li>• NRIC of the Executor</li> </ul>
		Without Will	Spouse
	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>



**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 Certificate 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 occurred as a result of an 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>enclose a copy of the police report.</u>		

### 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 consultation (dd/mm/yyyy)	Reason(s) for consultation

d. 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

e. 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

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)

### Beneficial Ownership declaration

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 no Beneficial Ownership 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](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 <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality) <input type="checkbox"/> Others _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Deceased



## 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.

**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

Proposal/Policy number	Date of birth (dd/mm/yyyy)	
Name (as shown in NRIC or FIN)	NRIC number or FIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address	Country of birth	
Country of residence	Postal code/ZIP code	

#### Section 2: Tax Residency declaration

**Are you solely a tax resident of Singapore?**

Yes, I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC or FIN.

**If your TIN is not your NRIC or FIN, please state it here:** \_\_\_\_\_

No, I am currently a tax resident in the following list of country(ies)/jurisdiction(s) (include Singapore, if applicable and provide details below).  
 If you are a United States (U.S.) citizen or U.S. tax resident, please complete and submit the Form W-8 or W-9.

No	Country(ies)/Jurisdiction(s) of tax residence	TIN	If TIN is not available, please select on the reason code (Refer to Table 1 below)	If reason B has been selected, please indicate why TIN is not available
1			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
2			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
3			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
4			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	
5			A <input type="checkbox"/> / B <input type="checkbox"/> / C <input type="checkbox"/>	

Table 1

Reason code	Description
A	The country/jurisdiction where the account holder is resident does not issue TINs to its residents.
B	The account holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason)
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)

Please refer to the OECD website for more information on tax residency:

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

### 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	<input type="checkbox"/>
2	Working in the country of residential for less than 6 months	<input type="checkbox"/>
3	On an educational or cultural exchange visitor program in the country of residential for less than 6 months	<input type="checkbox"/>
4	Regular travel between jurisdictions for work and home	<input type="checkbox"/>
5	Others – Please specify:	<input type="checkbox"/>

### 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: \_\_\_\_\_ 

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 which you are signing the form. If you are signing under a power of attorney, please also attach a certified true copy of the power of attorney.

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.