



Dependant Booster Benefit Claim

Please submit your claim via email to us at csquery@income.com.sg

Important notes

- 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) **Before the submission, do ensure your contact details (address, email and contact numbers) with us are updated. Please scan the QR code on page 1 of this form to update your particulars. We will correspond with you based on your contact details registered with us. Please note that the contact details provided in this form will NOT be updated in our records.**

Policy number(s)	Plan type	Claim number
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- Please tick the relevant boxes, provide details of up to 4 Surviving Dependants, and submit the completed form with the required documents.
- 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
☐ Spouse Full name as per NRIC/FIN card/Passport NRIC/FIN/Passport number	1. Marriage certificate of insured 2. NRIC or FIN card/Passport (non-Singapore citizen/PR) of insured's spouse
☐ Child (below age 21) Full name as per NRIC/FIN card/Passport/ Birth Certificate NRIC/FIN/Passport/ Birth Certificate number	1. Birth certificate of insured's child 2. NRIC or FIN card/Passport (non-Singapore citizen/PR) of insured's child
☐ Father Full name as per NRIC/FIN card/Passport NRIC/FIN/Passport number	1. Birth certificate of insured 2. NRIC or FIN card/Passport (non-Singapore citizen/PR) of insured's father
☐ Mother Full name as per NRIC/FIN card/Passport NRIC/FIN/Passport number	1. Birth certificate of insured 2. NRIC or FIN card/Passport (non-Singapore citizen/PR) of insured's mother
☐ Father-in-law Full name as per NRIC/FIN card/Passport NRIC/FIN/Passport number	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC or FIN card/Passport (non-Singapore citizen/PR) of insured's father-in-law
☐ Mother-in-law Full name as per NRIC/FIN card/Passport NRIC/FIN/Passport number	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC or FIN card/Passport (non-Singapore citizen/PR) 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 Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at 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/our 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 relevant policy(ies) information including the insured's name, 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 (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.
6. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
7. 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.
8. 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.*

9. 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.
10. 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.
11. 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.

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 (as per NRIC/FIN card/Passport) of policyholder/assignee (if policy is assigned)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport) of insured who is 21 years old or above (if different from policyholder/assignee)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full Name (as per NRIC/FIN card/Passport) of claimant who is 21 years old or above (if the policyholder/assignee/insured does not have the mental capacity or is below 21 years old)	Signature/thumbprint	NRIC/FIN/Passport 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/FIN card/Passport)	NRIC/FIN/Passport number
Full name (as per NRIC/FIN card/Passport) of nominee/claimant/policyholder/assignee or their legal personal representative	NRIC/FIN/Passport number
Relationship to deceased	
Contact number (Hand phone) (Home) (Office)	
Email address	
Signature/thumbprint	Date signed (dd/mm/yyyy)

To be completed by all Surviving Dependants named above			
Full name (as per NRIC/FIN card/Passport/Birth Certificate) of the Surviving Dependant	Signature/thumbprint	NRIC/FIN/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport) of parent/legal guardian (if the Surviving Dependant is below 21 years old)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport/Birth Certificate) of the Surviving Dependant	Signature/thumbprint	NRIC/FIN/Passport/Birth Certificate number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport) of parent/legal guardian (if the Surviving Dependant is below 21 years old)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)

Full name (as per NRIC/FIN card/Passport/Birth Certificate) of the Surviving Dependant	Signature/thumbprint	NRIC/FIN/Passport/ Birth Certificate number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport) of parent/legal guardian (if the Surviving Dependant is below 21 years old)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport/Birth Certificate) of the Surviving Dependant	Signature/thumbprint	NRIC/FIN/Passport/ Birth Certificate number	Date signed (dd/mm/yyyy)
Full name (as per NRIC/FIN card/Passport) of parent/legal guardian (if the Surviving Dependant is below 21 years old)	Signature/thumbprint	NRIC/FIN/Passport number	Date signed (dd/mm/yyyy)