



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 (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 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 advisor, OR by post to:

Income Insurance 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:

Claims on individual policy: **6788 1122** or csquery@income.com.sg

Claims on group policy: **6332 1133** or 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"> • 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
	Executor	<ul style="list-style-type: none"> • 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 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)

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"> • A copy of the Last Will • NRIC of the Executor
		Without Will	Spouse
	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 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.

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.

Policy number(s)	Plan type	Claim number
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Particulars of deceased

Full name as per NRIC/Passport/Long-Term Pass	NRIC/Passport/Long-Term Pass number
Occupation	

Details of death

Date of death (dd/mm/yyyy)	Cause of death
Place of death (Specify hospital name if death occurred in hospital)	Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No
For death occurring outside Singapore, was the deceased buried or cremated outside Singapore? (If "Yes", please enclose a copy of the burial or cremation permit.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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

Testament and family status

a. Did the deceased leave a will? If "Yes", please enclose the Last Will and provide Executor's particular below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name of Executor (as shown in NRIC/Passport/Long-Term Pass)		NRIC/Passport/Long-Term Pass number	
Address			
Contact number (Office)		(House)	(Hand phone)
b. Deceased's marital status at time of death <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
(i) Is there a surviving spouse? If "Yes", please provide details below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full name of spouse	NRIC/Passport/Long-Term Pass number	Date of birth (dd/mm/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 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/ Long-Term Pass 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	
<p>a. Were there any eye-witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details below:</p>	
Name of witness	Address/Contact number
<p>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></p>	

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; and
2. Provide details below:

Name of Beneficial Owner	NRIC/Passport/Long-Term Pass number	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

Other information

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

Please tick one of the boxes below to indicate payment method:

Credit into my personal bank account (Please submit a copy of your bank book or statement for account verification. You need to circle the account for crediting if your statement shows more than 1 bank account) - We encourage you to opt for Direct Crediting for payment to reach you faster.

Cheque to be mailed directly to the claim recipients

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 in 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

Do note that all communications pertaining to this claim will be sent to the advisor who last sold to the policyholder a policy with the same benefit that the claimant is claiming under this form. 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. 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 a policy with the same benefit.

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.

Declaration and authorisation (continued)

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 understand and agree that a copy of communication by email or postal mail between Income and I relating to this claim will be sent to the advisor who last sold to the policyholder a policy with the same benefit that I am claiming under this form 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.
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 immediately upon Income's request or once I found out on such mistake or wrong payment.
13. 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.

Full name of deceased (as shown in NRIC/Passport/Long-Term Pass)	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	
Email address	
Contact number (Office) (House) (Hand phone)	
Signature/thumbprint	Date signed (dd/mm/yyyy)