

Dear Customer, please email your claim to [groupclaim@income.com.sg](mailto:groupclaim@income.com.sg) to avoid delay in the processing.

## Death Claim Form (Income Family MicroInsurance Scheme)

Dear claimant

We are sorry to learn of the death of the insured. In order for us to process your claim, please complete this form in **full** and attach the following documents:

- Death Claim Form
- Certified true copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)
- NRIC(s) or Passport(s) of claimant(s)
- Proof of claimant's relationship with deceased

<u>Claimant</u>	<u>Documents required</u>
Spouse	Marriage Certificate
Parent	Birth Certificate of deceased
Children	Birth Certificate of claimant
Sibling	Birth Certificates of deceased and claimant

- Coroner's Inquiry report, if available

Claim number (for official use only)

**Important notes:**

**The acceptance of this form is not an admission of liability on the part of Income.**

- (a) Please submit the duly completed claim form together with the supporting documents within six months from date of occurrence. Claims submitted after this deadline will not be accepted.
- (b) Upon receipt of **all** the required documents, we will process your claim and inform you of the outcome as soon as possible. For each of the document listed above, please tick (✓) where applicable. Where not applicable, please indicate as 'N.A.'.
- (c) If you need any assistance, please contact our customer service officers at **6332 1133** or email us at [healthcare@income.com.sg](mailto:healthcare@income.com.sg).

### Particulars of deceased

Name (as shown in NRIC)	NRIC number	Nationality	Country of residence
Date of death (dd/mm/yyyy)		Cause of death	
Was the death due to suicide?			<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

### Particulars of claimant

Name (as shown in NRIC)	NRIC number	Nationality	Country of residence
Residential address		Email	
Contact number (Mobile)                      (Office)                      (Home)		Relationship of claimant to deceased	
Estimated total gross monthly household income \$		Number of family members living in household	Number of children

If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will not update all your existing policies with the new contact particulars.

- Is the deceased or claimant an undischarged bankrupt? If 'Yes', please provide the bankruptcy number, name and contact details of the case officer representing the Official Assignee.  Yes  No

### Particulars of claimant (continued)

Name of child eligible for IFMIS	Birth certificate number
Please tick the applicable scheme <input type="checkbox"/> MOE FAS (Primary, Secondary, Specialised, Independent Schools and Pre-University Institutions)  <input type="checkbox"/> SPED FAS (Government-funded Special Education Schools)  <input type="checkbox"/> KiFAS (MOE Kindergartens)  <input type="checkbox"/> NTUC My First Skool	School of child    Nationality of child

#### Details of other children (if any)

Name of child	School of child	Date of birth	Level of study

### Details of past related claims (if any)

Have you, your spouse, parents, children, brothers or sisters made a claim under the Income Family MicroInsurance Scheme previously? If 'Yes', please provide details of such claim below. Please note that each insured's (under the Income Family MicroInsurance Scheme) family unit is not allowed to submit more than one claim per calendar year. Any claim submitted in breach of this will be rejected.

Yes  No

### Details of other insurance

Was the deceased insured with other insurance company(ies)? If 'Yes', please provide the following information.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of insurance company	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notified	Claim paid
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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 research and data analytics, 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 Income may, where necessary, disclose my personal data including all claims information and outcome to the group policyholder and childcare centre, preschool, school or educational institution the insured is enrolled in for the purposes of facilitating the administration of the claims that I have submitted in this form.
5. I confirm that I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
6. 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.
  - d. I agree that a copy of the authorisation in this form is valid and binding as an original copy
7. I confirm that all copies of the claim documents that I have submitted to Income are copies of the original documents and I agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity.
8. I am aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recovery any payment made to me.
9. I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made nor will I make any claim against any other source for the same bill(s)/invoice(s).
10. If I have made a claim from other source,
  - a. I agree that I will provide a copy of any document requested by Income of the payment received by me;
  - b. I am aware that Income will not reimburse me if I have been fully reimbursed by such source;
  - c. I am aware that Income may only reimburse me up to the remaining balance of the unpaid bill/invoice I have been partially reimbursed by such source;
  - d. I undertake to refund on demand any payment made by Income to me which exceeds what I have incurred in total.
11. 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.
12. 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.

Signature of claimant

Date (dd/mm/yyyy)

## Beneficial Ownership Declaration - *This is NOT a nomination of beneficiaries of this policy*

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 is a Beneficial Ownership Arrangement, please

1. Please 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	Gender	Relationship to Proposer
<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality) _____ <input type="checkbox"/> Others _____	<input type="checkbox"/> Male  <input type="checkbox"/> Female	

## Confirmation by school

This is to confirm that the above-named insured whose child or ward studying in my school is verified to have the following:

(Please tick applicable boxes)

**For Preschools**

- Child is a Singapore Citizen
- Received ECDA/MSF subsidy for families with Gross Household Income of up to \$4,500 per month or Per Capita Income not exceeding \$1,125 per month from date \_\_\_\_\_ (dd/mm/yyyy); OR
- Child is a recipient of the Kindergarten Fee Assistance Scheme (KIFAS) from date \_\_\_\_\_ (dd/mm/yyyy);

**For Primary, Secondary, Specialised, Independent Schools and Pre-University Institutions**

- Child is a recipient of the Ministry of Education (MOE) Financial Assistance Scheme from date \_\_\_\_\_ (dd/mm/yyyy).

**For Government-funded Special Education (SPED) Schools**

- Child is a recipient of the SPED Financial Assistance Scheme from date \_\_\_\_\_ (dd/mm/yyyy)

\_\_\_\_\_  
Name of school representative

\_\_\_\_\_  
Signature of school representative

\_\_\_\_\_  
School's stamp

\_\_\_\_\_  
Date (dd/mm/yyyy)