

HOW TO FILE A DEATH CLAIM



Dear Sir/Madam,

We're sorry to receive the death claim you have filed. To enable us to process your claim, please follow the instructions below:

IMPORTANT NOTES:

- 1) All sections of our forms must be duly completed to avoid unnecessary delay. Indicate "N.A." if not applicable.
- 2) Please retain the original document submitted to us as we may request to view the original copy.
- 3) Any fees for completion of Doctor's Statement and/or medical evidence shall be borne by the person making the claim.
- 4) All overseas documents must be certified by the Notary Public of the Country where the Life Assured died.
- 5) All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator.
- 6) For policies with nominated beneficiaries, the death claim form should be completed by each of the nominee(s).

Documents Required:

- 1) Death Claim Form – to be completed by Claimant/Corporate Policyholders
- 2) Death Claim – Doctor's Statement (to be completed by the attending doctor who attended to the deceased in his/her last illness or accident)
- 3) Copy of Death Certificate
- 4) Copy of NRIC/FIN or Passport of the deceased
- 5) Copy of NRIC/FIN or Passport of the person making the claim (Not applicable for Corporate Policyholders)
- 6) Copy of NRIC/Passport/Birth Certificate of all surviving family members of the deceased (Not applicable for Corporate Policyholders)
- 7) Copy of Last Will and Testament of the deceased (Not applicable for Corporate Policyholders)
- 8) Copy of Grant of Probate/Letters of Administration of the deceased (Not applicable for Corporate Policyholders)
- 9) Copy of NRIC or Passport of all the beneficiary(ies), Executor(s) and Trustee(s) named in the Last Will and Testament of the deceased (Not applicable for Corporate Policyholders)
- 10) Any other documents that support the claim (e.g., official certificate of appointment of the legal guardian of minor's beneficiary)
- 11) Copy of bank passbook/statement or e-statement for account verification (Applicable for Corporate Policyholders or Executor/Administrator of the Estate)*
- 12) Proof of Claimant's relationship with the deceased as follows (where applicable):

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

Additional documents required if death was due to an Unnatural Cause / Accident OR if it occurred overseas:

- 13) Newspaper Clipping and Police Report
- 14) Police Investigation Report
- 15) Coroner's Inquest
- 16) Postmortem and Toxicology Report
- 17) Letter from ICA (Immigration and Checkpoint Authority) for Singaporean or Permanent Residents (PR) who died overseas confirming the invalidation of Deceased's Singapore IC/Passport and overseas Death Certificate
- 18) Repatriation Report (if body was repatriated to Singapore for cremation/burial)
- 19) Burial / Cremation Documentation (required for overseas death)

***Note:** Customers who wish to receive policy benefits and/or claims proceeds via Electronic Fund Transfer will need to provide us with a copy of their bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

Please continue to read page 2 of this instruction.

Please read pages 1 & 2 on “How to file a Death Claim”

Additional Notes:

For Corporate Policy Only:

Direct Crediting to Corporate Policyholder bank account only and should apply to all subsequent claims filed under the same policy unless further changes are advised to us in writing. Please provide a copy of the bank statement showing bank account holder with bank account number.

***Note:** Customers who wish to receive policy benefits and/or claims proceeds via Electronic Fund Transfer will need to provide us with a copy of their bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

Submission of documents:

All claim documents can be submitted personally to our Customer Service Centre or through the Financial Adviser Representative or intermediaries or by Post to:

4 Shenton Way
#01-01 SGX Centre 2
Singapore 068807

For Life Claims enquiries, you can also contact our Customer Service at (65) **6827 9933** or email us at **cs_life@singlife.com**.

For Corporate Claims enquiries, you can also contact our Customer Service at (65) **6827 8030** or email **your designated account servicer or intermediaries**.

For General Insurance Claims enquiries, you can also contact our Customer Service at (65) **6827 9966** or email us at **gi_claims@singlife.com**.

CLAIMANT'S
STATEMENT FORM**IMPORTANT NOTES:**

1. Please read the instruction on “**How to file a Death Claim**” before completing this form.
2. This form is to be completed by the executor/administrator, assignee, trustee, nominee or proper claimant or Corporate Policyholder as the case may be.
3. The acceptance of this form is **not** an admission of liability on the part of Singapore Life Ltd. Any documentary proof or report required by us shall be furnished at the expense of the claimant.

SECTION A: POLICY DETAILS

Please list all policy numbers you are claiming for

SECTION B: DECEASED LIFE ASSURED/INSURED PERSON DETAILS

Claimant Name (as per NRIC/FIN)

NRIC/FIN/Passport/Birth Certificate Number

*Please attach copy of NRIC/FIN (front and back)

Occupation

Name of Employer

Address of Employer

Residential Address

SECTION C: DEATH DETAILS

Date of Death (dd/mm/yyyy)

Cause of Death

Place of Death

Was the death due to suicide?

☐ Yes ☐ No

Was a post-mortem or autopsy carried out? If “Yes”, please provide a copy of the report.

☐ Yes ☐ No

Was a Coroner’s Inquest held? If “Yes”, please provide a copy of the Coroner’s Inquiry Report.

☐ Yes ☐ No

Did the Deceased leave a Will? (Not applicable to Corporate Policyholder)

☐ Yes ☐ No

If “Yes”, please provide a copy of the Last Will & Testament and copy of the NRIC/Passport of all the named trustee(s), executor(s) and beneficiaries.

Was a Grant of Probate or Letters of Administration applied? (Not applicable to Corporate Policyholder)

☐ Yes ☐ No

If “Yes”, please provide a certified true of the Grant of Probate or Grant of Letters of Administration and a copy of the NRIC/Passport of the Executor(s)/Administrator(s) and Trustee(s).

Who are the Surviving Family Members of the Deceased? Please provide details below:

Name of Family Members	NRIC/Passport/ Birth Certificate No.	Date of Birth (dd/mm/yyyy)	Address/Contact No.	Relationship with Deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: DEATH DETAILS (continue)

If cause of death was a result of illness, please state:

Date Deceased first presented with symptoms of the illness (dd/mm/yyyy)

Date Deceased first consulted a doctor for the illness (dd/mm/yyyy)

Please provide details of doctor(s) who had attended to the Deceased for his/her illness(es) below:

Name and Address of Doctor(s)	Date of Consultation (dd/mm/yyyy)	Reason(s) for consultation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did the Deceased suffer from **any other illness/conditions**? If "Yes", please provide the following:

☐ Yes ☐ No

Name and Address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of Deceased's regular doctor(s) and company doctor(s) below:

Name and Address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If cause of death is a result of an **Accident or Unnatural** cause, please state

Date (dd/mm/yyyy) & Time of Accident

Place & Country of Accident

Please describe and provide details on how the accident occurred.

Was there any eyewitness to the accident? If "Yes", please provide details below:

☐ Yes ☐ No

Name of Witness	Address & Contact No.	Relationship with Deceased (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was a police investigation carried out?

☐ Yes ☐ No

If "Yes", please provide copy of the police report and complete the following:

Name of Investigation Officer-in-charge	Police Station (Branch & Address)
<input type="text"/>	<input type="text"/>

SECTION C: DEATH DETAILS (continue)

In what Capacity or by what Title do you claim the Assurance? Please indicate your relationship with the Deceased.

Please select one of the below:

☐ Executor / Administrator of the Estate ☐ Nominee ☐ Trustee ☐ Assignee

☐ Others: please state your relationship with the Deceased:

Was the Deceased insured with other Insurance Company(ies)? If "Yes", please provide the details:

☐ Yes ☐ No

Name of Insurance Company	Policy No.	Type of Plan	Date of Issue (dd/mm/yyyy)	Claim Amount	Claim Notified
					<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

SECTION D: MODE OF PAYMENT

For a better payment experience, Individual Life (i.e. non-Corporate or General Insurance policies) SGD payments to the assignee/trustee/nominee/proper claimant (if applicable) will be credited to the bank account linked to **PayNow-NRIC/FIN**. Please check that you have registered for **PayNow** with your bank, using your NRIC/FIN.

Bank Account Details (Applicable to Corporate Policyholders or Executor/Administrator of the Estate only)

Name of Bank Account Holder(s)

Name of Bank

Bank Account No.

Note: Customers who wish to receive policy benefits and/or claims proceeds via Electronic Fund Transfer will need to provide us with a copy of their bank passbook/statement or e-statement with full name and account number clearly indicated on the same page. All other information may be blanked out.

SECTION E: THIS SECTION IS FOR CORPORATE POLICYHOLDERS ONLY

Sum Assured in respect of the Deceased

Plan

If Sum Assured is Based on Salary, please provide a certified true copy (by employer) of the Insured Member's last pay slip (for last 3 months).

Last Drawn Salary

Date of Last Drawn Salary (dd/mm/yyyy)

Date of Employment (dd/mm/yyyy)

Commencement Date of Insurance for Insured Member (dd/mm/yyyy)

If Deceased is a dependent, effective date of his/her insurance (dd/mm/yyyy)

SECTION F: DECLARATION AND AUTHORISATION

Name of Deceased

Identity No. of Deceased

I/We hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information or circumstance has been withheld or omitted.

I/We declare that I am/We are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We agree that:

- this claim signifies my/our consent to Singapore Life Ltd. to obtain medical information from any doctor whom the Life Assured had consulted and I/We authorise the doctor to release such information to Singapore Life Ltd.
- Singapore Life Ltd. may release any relevant information concerning the Life Assured (including medical information) to any third party, which Singapore Life Ltd. deems necessary.
- any third party who has received any information concerning the Life Assured may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the Life Assured (including medical information) to any other party for any purposes related to the Life Assured's application or my/our claim for the benefits.
- a photocopied copy of this form shall be treated as valid and binding as if it is the original.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

Note: If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us. Further, you understand that you will be responsible to Singlife for any loss or claim arising out of your failure to obtain consent of the person who you have disclosed.

Signature/Thumbprint & Company's Stamp (if applicable)

Date

Name of Claimant

NRIC/FIN/PP No.

Mobile No.

Email

SECTION G: THIS SECTION IS APPLICABLE FOR INDIVIDUAL LIFE POLICY ONLY

Declaration of Beneficial Owner

Note: This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

☐ I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form on our website at www.singlife.com.

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

"Legal person" means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

"Legal arrangement" means a trust or other similar arrangement.

FATCA and CRS Self-Certification for Individual Account Holder

Important Notes:

Regulations based on the Singapore Income Tax Act 1947, Foreign Account Tax Compliance Act ("FATCA"), OECD Common Reporting Standard ("CRS") for Automatic Exchange of Financial Account Information require Singapore Life Ltd. to collect and report certain information about an Account Holder's tax residence. We may be legally obliged to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your policies, which may be shared between different countries' tax authorities.

To help us collect this information, we need you to complete the questions and return this form to us. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know by providing us with an updated self-certification form.

Every Account Holder should complete this form. For the purpose of this self-certification, an Account Holder may refer to the following person: Proposer (eventually the Policyholder), Sole Trader, Sole Proprietor, Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust, a Trust Nominee named under section 132 of the Singapore Insurance Act 1966 or Proper Claimant as defined under section 150 of the Singapore Insurance Act 1966. For joint or multiple Account Holders, please use a separate form for each Account Holder.

You can get the forms and information by visiting the following websites:

- FATCA www.singlife.com/fatca
- CRS www.singlife.com/CRS
www.oecd.org/tax/automatic-exchange/common-reporting-standard

If you've any questions on how to define your tax residency status, please speak to a professional tax adviser as we're not allowed to give tax advice.

Where you need to self-certify on behalf of an Entity (which includes businesses, professionally managed trusts and partnerships), please complete the "CRS Self-Certification Form for Entity". Similarly, if you are a Controlling Person of an Entity, please complete the "CRS Self-Certification Form for Controlling Person". You can find these forms at www.singlife.com/CRS.

Declaration of US person status under the Foreign Account Tax Compliance Act (FATCA)

Please tick (✓) the box as appropriate.

☐ I hereby declare and agree that **I do NOT have any US indicia** (i.e. a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US "in-care-of" or "hold mail" address) **and I am NOT a US person** for US federal income tax purposes and that I am not acting for, or on behalf of a US person.

I understand that Singapore Life Ltd., believing this statement to be true, will rely on it and act on it.

☐ I hereby declare and agree that **I have one or more US indicia** – (please circle relevant US indicia identification as US citizen or resident; unambiguous indication of a US place of birth; current US mailing or residence address (including a US post office box); current US telephone number; standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or a US "in-care-of" or "hold mail" address) **but I/We am/are NOT a US person** for US federal income tax purposes and that I am not acting for, or on behalf of a US person.

I understand that Singapore Life Ltd., believing this statement to be true, will rely on it and act on it.

(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

☐ I hereby declare and agree that **I am a US person** for US federal income tax purposes.

(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

SECTION G: THIS SECTION IS APPLICABLE FOR INDIVIDUAL LIFE POLICY ONLY (continue)

I understand that Singapore Life Ltd. is obliged to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds for cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year.

By signing on the claim form, I:

- (i) declare that the information provided above is correct;
- (ii) consent to the disclosure of personal data and information relating to the Policy, and Applicant/Trustee/Assignee/Claimant/Beneficiary to any governmental authority including the IRAS and/or IRS, and shall provide such personal data and information as may be required by Singapore Life Ltd. from time to time to fulfil its contractual, legal and regulatory obligations;
- (iii) agree that if I fail or refuse after the request is made to provide such personal data or information, Singapore Life Ltd. reserves the right not to proceed to process this claim, without being liable to the proper claimant whatsoever;
- (iv) will be responsible for my own tax liabilities and obligations within or outside Singapore, which may be due under or in connection with this claim or the Policy, and will seek such tax advice at my sole costs and expense;
- (v) declare that Singapore Life Ltd. has not and will not provide me with any US tax compliance or planning advice and I will not hold Singapore Life Ltd. liable whatsoever for any adverse tax consequences suffered by me as a result of this claim and/or the Policy;
- (vi) agree that if my tax status have changed to a US tax status and/or I have become US citizen or resident, I will notify Singapore Life Ltd. within 30 days of the change.

Declaration of Tax Residency under the Common Reporting Standard (CRS)

I declare that: (please tick (✓) the box as appropriate)

- ☐ I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN.

If your TIN is not your NRIC/FIN, please state it here:

- ☐ I am a tax resident of other countries/Jurisdictions (include Singapore if applicable and provide details below)*

*Please provide below the list of **all** countries, including Singapore in which you are a resident for tax purposes and the associated tax identification numbers ("TINs").

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If TIN is not available, please tick (✓) Reason A, B or C	If B is selected, please explain why you are unable to obtain a TIN.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="text"/>

Reason A – The country does not issue TINs to its residents

Reason B – Unable to obtain TIN or equivalent number. Please provide explanation on reason which you are not able to obtain or equivalent number.

Reason C – TIN is not required. (to be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

I declare and confirm the following:

- (i) the information provided for the purposes of CRS/tax regulation is correct and complete;
- (ii) I will inform Singapore Life Ltd. within 30 days of any change in circumstances which affect my tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Singapore Life Ltd. a suitably updated self-certification form and declaration within 90 days of such change in circumstances; and
- (iii) I understand that the information that will be reported to the IRAS and any other tax authorities of another country is:
 - Name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth.
 - My account/policy number and that the account/policy is with Singapore Life Ltd.
 - The balance or value of the account/policy at the end of the calendar year or at the date the contract was closed.
 - The gross amount of interest, dividends, proceeds from sale or redemption or other amounts paid or credited to me or my account/policy during the calendar year.

Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act 1947.

Name of Account Holder	<input type="text"/>		
NRIC/FIN/Passport No.	<input type="text"/>	Date of Birth (dd/mm/yyyy)	<input type="text"/>
Residential Address*	<input type="text"/>		
<input type="text"/>			
Mobile No.	<input type="text"/>	Email	<input type="text"/>

Signature of Account Holder

Date (dd/mm/yyyy)

***Note:**

All correspondence will be sent to the mailing address as per our existing record (if any).

SECTION H: THIS SECTION IS APPLICABLE FOR CORPORATE POLICIES ONLY

This part must be signed by the patient's parent / legal guardian if patient is below 21 years old.

I/We hereby authorise Singapore Life Ltd. ("Singlife") to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the patient at any time and authorise the prior mentioned organisations to disclose all such information to Singlife. A photocopy of this authorisation shall be considered as effective and valid as the original.

I/We declare and undertake that I/we have submitted the actual bills and receipts (including electronic/digital copies) issued by the medical institutions.

I/We understand that Singlife has the right to:

- Ask for originals/certified true copies of the bills and receipts, or contact the medical institution directly, to confirm that the bills and receipts are original.
- Reject claims, recover amounts paid or impose additional charges, if the claim are false or where there are multiple claims made.

I/We declare that the statements and answers stated are true and complete to the best of my/our knowledge and belief.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at <https://singlife.com/en/pdpa>. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Name of Claimant

NRIC No.

Address

Date (dd/mm/yyyy)

Signature of Claimant

Company's Name & Stamp