



DEATH CLAIM FORM

IMPORTANT:

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 claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
4. 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.

(A) Details of Policy

Please list all policy numbers you are claiming for

(B) Details of Deceased Life Assured/Insured Person

Full Name		NRIC / FIN / Passport / Birth Certificate No.	
Occupation			
Name and address of employer		Residential address	

(C) Details of Death

1) Date of Death (dd/mm/yyyy)		2) Cause of Death		
3) Place of Death		4) Was the death due to suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Was a post-mortem or autopsy carried out?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If “Yes”, please provide a copy of the report.				
6) Was a Coroner’s Inquest held?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If “Yes”, please provide a copy of the Coroner’s Inquiry Report.				
7) Did the Deceased leave a Will? (Not applicable to Corporate Policyholder)		<input type="checkbox"/> Yes <input type="checkbox"/> 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.				
8) Was a Grant of Probate or Letters of Administration applied? (Not applicable to Corporate Policyholder)		<input type="checkbox"/> Yes <input type="checkbox"/> 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).				
9) 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 number	Relationship with Deceased

Details of Death (continue)			
10) If cause of death was a result of illness, please state:			
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 doctor(s) who had attended to the Deceased for his/her illness(es):			
Name and address of Doctor(s)	Date of consultation (dd/mm/yyyy)	Reason(s) for consultation	
11) Please provide details of Deceased's Family/Regular/Company Doctor(s) consulted for minor ailments (eg flu, fever, cough), Diabetes Mellitus, Hypertension (High Blood Pressure), Hyperlipidemia (High Cholesterol) and any other condition:			
Name and address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation
12) If cause of death is a result of an Accident or Unnatural cause, please state			
a. Date (dd/mm/yyyy) & Time of Accident		b. Place & Country of Accident	
c. Please describe and provide details on how the accident occurred.			
d. Was there any eyewitness to the accident? If "Yes", please provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Witness	Address & Contact Number	Relationship with Deceased (if any)	
e. Was a police investigation carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please provide copy of the police report and complete the following:			
Name of Investigation Officer-in-charge	Police Station (Branch & Address)		

Details of Death (continue)					
13) In what Capacity or by what Title do you claim the Assurance? Please indicate your relationship with the Deceased. Please select 1 of the below: <input type="checkbox"/> Executor / Administrator of the Estate <input type="checkbox"/> Nominee <input type="checkbox"/> Trustee <input type="checkbox"/> Assignee <input type="checkbox"/> Others: please state your relationship with the Deceased: _____					
14) Was the Deceased insured with other Insurance Company(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", please provide the details:					
Name of Insurance Company	Policy Number	Type of Plan	Date of Issue (dd/mm/yyyy)	Claim Amount	Claim Settled (Yes / No)
(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 for 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.					
(E) To Be Completed by the Company (This Section is applicable for Corporate Policy only)					
1) Sum Assured in respect of the Deceased				Plan	
2) 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).					
a. Last Drawn Salary		b. Date of Last Drawn Salary (dd/mm/yyyy)			
c. Date of Employment (dd/mm/yyyy)					
d. Commencement Date of Insurance for Insured Member (dd/mm/yyyy)					
e. If Deceased is a dependent, effective date of his/her insurance (dd/mm/yyyy)					

(F) 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 in our website 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.

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. Yes No

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) * Yes No

* 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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

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.

(G) Declaration and Authorisation			
Name of Life Assured		Identity No. of Life Assured	
<p>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.</p> <p>I/We declared 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.</p> <p>I/We agree that:</p> <p>a) 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.</p> <p>b) 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.</p> <p>c) 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.</p> <p>d) a photocopied copy of this form shall be treated as valid and binding as if it is the original.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
Signature / Thumbprint / Company's Stamp (if applicable)			Date (dd/mm/yyyy)
Name of Claimant			
NRIC / FIN / Passport No.			
Email			
Mobile No.		Home/Office Tel No.	
Residential Address*			
		Country	Postal Code

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

(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 authorize Singapore Life Ltd. ("Singlife") to request from any hospital, physician, person or organization, 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 authorize the prior mentioned organizations to disclose all such information to Singlife. A photocopy of this authorization 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 claims is 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 www.singlife.com/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	Company's Name & Stamp
Signature of Claimant	Date (dd/mm/yyyy)