

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

## Checklist for Death Claim (Group Insurance 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) 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.
- (c) All overseas documents must be certified as true copies by your lawyer or any Notary Public.
- (d) 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.
- (e) 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)

\_\_\_\_\_ 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](http://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 a Notary Public.

\_\_\_\_\_ Letter/Email from Immigration and Checkpoint Authority (ICA) - this document 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

### Submission of documents

Please submit your documents through your company.

## DOCUMENTS FOR PROOF OF RELATIONSHIP

### GROUP INSURANCE POLICIES – WHERE CLAIMANT IS NEXT OF KIN

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Group Insurance Policy	Spouse	<ul style="list-style-type: none"> <li>• NRIC of Spouse</li> <li>• Marriage Certificate and the screenshot from SingPass -&gt; My Profile-&gt; Family showing the claimant's marital information.</li> </ul>
	Parent	<ul style="list-style-type: none"> <li>• NRIC of Parent</li> <li>• Birth Certificate of Deceased</li> </ul>
	Child	<ul style="list-style-type: none"> <li>• NRIC of Child</li> <li>• Birth Certificate of Child</li> </ul>
	Sibling	<ul style="list-style-type: none"> <li>• NRIC of Sibling</li> <li>• Birth Certificate of Deceased</li> <li>• Birth Certificate of Sibling</li> </ul>



**Testament and family status (continued)**

(ii) Is/Are there any surviving child(ren)?  
If "Yes", please provide details below:

Yes  No

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:

Name of family member	NRIC/Birth Certificate 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 enclose a copy of the police report.</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)

### Other information

**Has the deceased or 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.

Policyholder  Yes  No Details: \_\_\_\_\_

Assignee  Yes  No Details: \_\_\_\_\_

Donee/  
Court Appointed Deputy  Yes  No Details: \_\_\_\_\_

Insured  Yes  No Details: \_\_\_\_\_

### Payee's details

Name of payee (as shown in the bank account)	NRIC, FIN or Passport number (as shown in the bank account)	Relationship to the insured	Nationality	Country of residence

Payment option:

PayNow

- PayNow account must be registered with NRIC, FIN or UEN.
- PayNow account registered with mobile number will not be applicable.

(Note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking or mobile banking application.)

Direct Credit

Bank name: \_\_\_\_\_ Account number: \_\_\_\_\_

- It must be a Singapore bank account denominated in Singapore Dollar.
- It is compulsory to submit a copy of bank book/statement for verification purpose.

## 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"/> Male	
<input type="checkbox"/> Singapore PR (Nationality) _____	<input type="checkbox"/> Female	
<input type="checkbox"/> Others _____		

## Personal data use statement (A photocopy of this authorisation is valid as an original copy)

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, Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") (referred to in Income Insurance's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income Insurance including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Insurance Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data,

for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income Insurance, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income Insurance any medical or relevant information to do with me or the insured;
- b) Income Insurance to collect from 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 underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income Insurance.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income Insurance to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Insurance Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income Insurance's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Insurance Parties for all the relevant purposes listed above and in Income Insurance's Privacy Policy.

Please refer to Income Insurance's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

## Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

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.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income Insurance is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income Insurance and/or its claims service providers.
- b. I authorise Income Insurance and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

