

Income Insurance Limited | UEN: 202135698W Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6788 1777 · Fax: 6338 1500

Enquiries: www.income.com.sg/enquiry

Dear Customer, please email your claim to 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 (v) 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 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

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	 NRIC of Spouse Marriage Certificate and the screenshot from SingPass -> My Profile-> Family showing the claimant's marital information.
	Parent	NRIC of Parent Birth Certificate of Deceased
	Child	NRIC of Child Birth Certificate of Child
	Sibling	 NRIC of Sibling Birth Certificate of Deceased Birth Certificate of Sibling



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Death Claim Form (Group Insurance 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 email the duly completed claim form together with the supporting documents to groupclaim@income.com.sg within 30 days from date of occurrence.

Policy number(s)	Plan type		Claim number			
Particulars of deceased						
Full Name (as shown in NRIC, FIN or P	NRIC/Passport/Birth Certificate number					
Occupation	Date last at work (dd/mm/yyyy)					
Name and address of employer (or las unemployed)	t employer if deceased was	Residential address	Residential address			
	Deta	ils of death				
Date of death (dd/mm/yyyy)		Cause of death				
Place of death (Specify hospital name	Was the death due to suicide? Yes No					
For death occurring outside Singapore (If "Yes", please enclose a copy of the	Yes No					
Was a post-mortem or autopsy carried (If "Yes", please enclose a copy of the	Yes No					
Was any Coroner's Inquest held? (If "Yes", please enclose a copy of the Coroner's Inquiry report.)						
	Testament	and family status				
a. Did the deceased leave a will? If "Yes", please enclose the Last Will and provide Executor's particular below.						
Name of Executor (as shown in NRIC)	number					
Address						
Contact number (Office) (House) (Hand phone)						
b. Deceased's marital status at time of death Single Married Separated Divorced Widowed						
(i) Is there a surviving spouse? Yes No If "Yes", please provide details below:						
Name of spouse	NRIC number	Date of birth (dd/mm/yyy	y) Address/Contact number			

Testament and family status (continued)						
(ii) Is/Are there any surviving child(ren)? If "Yes", please provide details below:						
Name of child	NRIC/Birth Certif	icate number	Date of birth (dd/mm/yyyy)		Address/Contact number	
(iii) Please provide details of the parents	s/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 occu	rred as a resu	It of an accide	nt		
			e of accident			
Place of accident		1				
Detailed description of the accident						
a. Were there any eye-witnesses to the accident? If "Yes", please provide details below:						
Name of witness Address/Con			umber	elationship with deceased, if any		
b. Was the accident reported to the police?				Yes	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.					cer in-charge, and enclose a copy of the	

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	tor Name/Address of clinic/hospital			ion (dd/mm/yyyy)	Reason(s) for consultation	
d. Did the deceased suffer from any If "Yes", please provide details be		ions?		Yes	No		
Details of illnes	s(es)/condition(s)	condition(s)		Date first diagnosed (dd/mm/yyyy)		Name/Address of clinic/hospital	
e. Please provide details of decease	T .,						
Name of doctor	Name/Address of	clinic/hospital	Date(s) of consultati	ion (dd/mm/yyyy)	Reason(s) for consultation		
		oul :					
		Other ins	surances				
Was the deceased insured with other If "Yes", please provide the following		es)?		Yes	∐ No		
Name of insurance company	Policy number	Date of issue (dd/mm/yyyy)	Type of plan	Claim amount	Claim notifie (Yes/No)	ed Claim paid (Yes/No)	
		Other info	ormation	I			
Has the deceased or claimant been been to in the policy?	ankrupt or insolvent o	or has executed an	y deed or transfer fo	or the benefit of cro	editors since be	coming interested	
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 Nation		ality 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; and
- 2. Provide details below:

Name of Beneficial Owner	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Nationality	Gender	Relationship to Proposer
Singaporean	Male	
Singapore PR (Nationality)		
Others	Female	

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.

I confirm that all documents submitted to Income Insurance including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income Insurance when required. I am aware that Income Insurance may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s). I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income Insurance for reimbursement and I have not made any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income Insurance will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income Insurance will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income Insurance has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income Insurance has the right to recover any payment made by Income Insurance to me. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original. Name of deceased (as shown in NRIC, FIN or Passport) NRIC/Passport/Birth Certificate number Name of nominee/claimant/the legal personal representative of the policyholder NRIC/Passport number Relationship to deceased Address Contact number (Office) (House) (Hand phone) Signature/thumbprint Date (dd/mm/yyyy) For group policyholders only Name of employee (if different from deceased) NRIC/Passport number Name of company/school/centre Address of company/school/centre Date joined company (dd/mm/yyyy) Date of last drawn salary (dd/mm/yyyy) Please furnish a copy of latest pay slip of the deceased (If sum assured is based on salary). Name of authorised officer/representative of school/centre Contact number **Email** Date (dd/mm/yyyy) Signature Company/school/centre stamp