

Checklist for Death Claim (Individual Policies)

Please submit your claim via email to plineclaims@income.com.sg

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 a 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) Income Insurance reserves the rights to request for additional documents when deemed necessary.
- (f) 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)

_____ FATCA and CRS self-certification form for individual account (if the claimant/beneficial owner is a tax resident outside Singapore OR if there is a change to the claimant/beneficial owner's circumstances affecting tax residency status). If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-8 or W-9.

_____ 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)

_____ Passport/Travel documents showing departure dates from Singapore and entrance dates to other country outside of Singapore for the last 24 months (if death occurred overseas)

_____ NRIC or relevant identification documents (e.g. FIN cards, passports) 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)

_____ Grant of Probate or Grant of Letters of Administration (if available)

_____ For crediting of claim proceeds via GIRO (for local bank account) or Telegraphic Transfer (for overseas bank account), please provide your bank book/statement. It must show the bank name, bank account number and full names of all bank account holders.

_____ Proof of relationship if insured is different from policyholder (e.g. Birth certificate, Marriage certificate)

_____ Marriage certificate and screenshot from SingPass (My Profile > Family) showing current marital information of spouse if claim on family waiver benefit or Affinity schemes policy

DOCUMENTS FOR PROOF OF RELATIONSHIP

WITH NOMINATION

For claimant who is a non-Singapore citizen/permanent resident, please provide copy of FIN card or passport.

TYPE OF POLICY	CLAIMANT	DOCUMENTS TO SUBMIT
Revocable Nomination Policy effective 1 Sep 2009	Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents
Trust Nomination Policy effective 1 Sep 2009 (also known as Irrevocable Nomination)	1st Trustee	<ul style="list-style-type: none"> • NRIC of Trustee
	No 1st Trustee Nominee (> 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	No 1st Trustee Nominee (< 18 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Parent
Nomination by way of Will effective 1 Sep 2009	Executor	<ul style="list-style-type: none"> • Copy of the Last Will (Note that Income Insurance policy must be stated for the nomination to be valid) • NRIC of Executor
Nomination under Section 45 Co-operative Societies Act	Nominee (> 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee
	<u>With Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Trustee • NRIC of Nominee • Birth Certificate of Nominee
	<u>No Trustee</u> Nominee (< 21 years old)	<ul style="list-style-type: none"> • NRIC of Nominee • Birth Certificate of Nominee • NRIC of Nominee's Parents

WITHOUT NOMINATION - ESTATE POLICY (NO BENEFICIARY NAMED)

For claimant who is a non-Singapore citizen/permanent resident, please provide copy of FIN card or passport.

TYPE OF POLICY	CLAIMANT		DOCUMENTS TO SUBMIT
Individual life policy/ Affinity schemes policy/ Dependants' Protection Scheme (DPS) policy/ElderShield Supplement/CareShield Life Supplement policy	With Will	Executor	<ul style="list-style-type: none"> • A copy of the Last Will • NRIC of the Executor
	Without Will	Spouse	<ul style="list-style-type: none"> • NRIC of Spouse • Marriage Certificate of Spouse • Screenshot from Spouse's SingPass (My Profile > Family) showing marital information, if claim on family waiver benefit or Affinity schemes policy
		Parent	<ul style="list-style-type: none"> • NRIC of Parent • Birth Certificate of Deceased
		Child	<ul style="list-style-type: none"> • NRIC of Child • Birth Certificate of Child
		Sibling	<ul style="list-style-type: none"> • NRIC of Sibling • Birth Certificate of Deceased • Birth Certificate of Sibling

Death Claim (Individual Policies)

Important notes

- (a) The acceptance of this form is **NOT** an admission of liability on the part of Income Insurance. Any documentary proof or report required by Income Insurance shall be furnished at the expense of the policyholder or claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 30 days from date of occurrence.
- (b) If the claimant/beneficial owner is a tax resident outside Singapore OR if there is a change to the claimant/beneficial owner's circumstances affecting tax residency status, please also submit the duly completed FATCA and CRS self-certification form for individual account. If you are a United States (U.S.) citizen or U.S. resident for tax purposes, you are required to submit Form W-8 or W-9.
- (c) **Before the submission, do ensure your contact details (address, email and contact numbers) with us are updated. We will correspond with you based on your contact details registered with us. Please note that the contact details provided in this form will NOT be updated in our records.**

Policy number(s)	Plan type	Claim number
Particulars of deceased		
Full name of deceased (as shown in NRIC/FIN card/Passport/Birth Certificate)		NRIC/FIN/Passport/Birth Certificate number
Address of deceased		Occupation
Details of death		
1a. Date of death (dd/mm/yyyy)	1b. Cause of death	
1c. Country/Place of death (Specify hospital name if death occurred in hospital)		1d. Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No
1e. Was a post-mortem or autopsy carried out? (If "Yes", please enclose a copy of the report.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
1f. 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
If death occurred outside of Singapore		
2a. Date the deceased left Singapore (dd/mm/yyyy)		
2b. The purpose of the overseas visit		
2c. What was the intended length of the overseas visit	From (dd/mmm/yyyy)	To (dd/mmm/yyyy)
2d. Was the deceased's body repatriated back to Singapore for cremation/burial? (If "Yes", please enclose a copy of Repatriation report. If "No", please enclose a copy of Cremation/Burial Permit for overseas cremation/burial. If unavailable, please provide a reason.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
2e. Please provide below, the name and address of the doctor certifying death:		
Name of doctor		Address of doctor

Testament and family status

3a. Did the deceased leave a will? Yes No
 If "Yes", please enclose the Last Will.

3b. Was a Grant of Probate or Grant of Letters of Administration applied for? Yes No
 If "Yes", please enclose the document.

3c. Deceased's marital status at time of death Single Married Separated Divorced Widowed

3d. Does the deceased have any children? Yes No

3e. Please provide details of the next of kin (e.g. spouse, children, parents, siblings etc.) below.

Full name of family member	NRIC/FIN/Passport/ 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

4a. Date of accident (dd/mm/yyyy)	4b. Time of accident
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4c. Country/Place of accident

4d. Detailed description of the accident

4e. Were there any eye-witnesses to the accident? Yes No
 If "Yes", please provide details below:

Name of witness	Address/Contact number	Relationship with deceased, if any

4f. 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.

If death occurred as a result of natural causes (E.g. Illness)

5a. Date deceased first presented with symptoms of the illness (dd/mm/yyyy) _____/_____/_____

5b. Date deceased first consulted a doctor for the illness (dd/mm/yyyy) _____/_____/_____

5c. 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

5d. 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

5e. 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

6. 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	Sum assured (\$)	Claim notified (Yes/No)	Claim paid (Yes/No)

Beneficial Ownership of Beneficiary declaration

7. A Beneficial Owner of Beneficiary 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 beneficiary and includes any person who exercises ultimate effective control over the beneficiary. If there is no Beneficial Ownership of Beneficiary arrangement, please leave this section blank.

Section A – where the Beneficiary is a natural person

7a. If there is a Beneficial Ownership of Beneficiary arrangement, please submit a copy of their NRIC, FIN card or passport and provide details below. All fields are mandatory.

If FIN card or Passport is submitted, please provide documentary proof of residential address. Please provide a recent copy of utility, telephone bill, bank statement or correspondence from a government agency (dated within the last 6 months).

Name of Beneficial Owner of Beneficiary	NRIC/FIN/Passport number	Date of birth (dd/mm/yyyy)
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality _____) <input type="checkbox"/> Others _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Deceased

Residential address

Beneficial Ownership of Beneficiary declaration (continued)

Section B – where the Beneficiary is a legal person (corporate entity)

7b. If the Beneficiary is a legal person (corporate entity), please provide the details of the Beneficial Owner i.e. individual who ultimately own the legal person, ultimately control the legal person or have ultimate effective control of the legal person and submit a copy of their NRIC, FIN card or passport.

All fields are mandatory.

If there is any corporate shareholder(s) that owns $\geq 25\%$ of the Beneficiary (corporate entity), please submit a copy of the business registration information (e.g. ACRA Business Profile or its equivalent), down to the Ultimate Beneficial Owner.

Name of Beneficial Owner of Beneficiary	NRIC/FIN/Passport number	Date of birth (dd/mm/yyyy)
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality _____) <input type="checkbox"/> Others _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Deceased
Residential address		

Section C – where the Beneficiary is a legal arrangement (a trust, foundation or other similar arrangements)

7ci. If the Beneficiary is a legal arrangement (a trust, foundation or other similar arrangements), we require the details of the Beneficial Owner i.e. trust relevant parties¹, any natural person exercising ultimate ownership, ultimate control or ultimate effective control (including through a chain of control or ownership) over the trust relevant parties or the trust, and any legal person or legal arrangement along such chain of control or ownership. Please submit a copy of their NRIC, FIN card or passport, a copy of the business registration document (e.g. Accounting and Corporate Regulatory Authority Singapore (ACRA) Business Profile or its equivalent) or a copy of the trust deed (or its equivalent) (if any) and any other required documents (if applicable). The document must contain the name, NRIC/FIN/Passport, date of birth, nationality and residential address.

¹ Trust Relevant Parties is defined as any of the following: (a) settlor; (b) the trustee; (c) the protector; (d) the beneficiary, class of beneficiaries or object of a power; or (e) any other persons with the power under the legal arrangement instrument or by law to do any of the following: (i) dispose of the property under the legal arrangement; (ii) invest the property under the legal arrangement other than as a trust manager of the legal arrangement; (iii) direct, make or approve distributions of the property under the legal arrangement; (iv) vary or terminate the legal arrangement; (v) add or remove a person as a beneficiary or object of a power under the legal arrangement; or (vi) add a person to, or remove a person from, a class of beneficiaries under the legal arrangement.

7cii. If there is legal person or legal arrangement along such chain of ownership, please provide their details below and submit a copy of the business registration document (e.g. Accounting and Corporate Regulatory Authority Singapore (ACRA) Business Profile or its equivalent) or a copy of the trust deed (or its equivalent) (if any). All fields are mandatory.

Full name of legal person or legal arrangement	Place from where the legal person or legal arrangement is administered
Principal place of business (if different from registered or business address)	Purpose for which the legal person or legal arrangement was set up

Other information (Compulsory to complete)

8. Has any of the following persons 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.

Deceased/Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____
Policyholder/Assignee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____
Claimant/Nominee/Trustee/Beneficiary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____
Donee/Court Appointed Deputy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____
Executor/Administrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details: _____

Payment mode

Please tick only one of the boxes below to indicate payment mode ^{1,2}

- Direct credit to your bank account ⁴ (Please submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders. Please circle the account for crediting if your statement shows more than 1 bank account.)
- PayNow to your NRIC/FIN linked account. Please ensure that your PayNow is linked to your NRIC/FIN. Visit income.com.sg/payout/paynow for more details on PayNow.
- Telegraphic Transfer ^{5,6} (For payee who is residing overseas only, please complete the required information and submit a copy of your bank book/statement for account verification. It must show the bank name, bank account number and full names of all bank account holders.)

TELEGRAPHIC TRANSFER DETAILS			
Name of bank	Currency for remittance	Swift code	Bank clearing code (if any)
Address and country of bank		Remarks (any other important information required for transmittance of proceeds e.g. intermediary bank details like bank name, bank code, country of bank etc.)	

Payment mode (continued)

Notes:

1. All claims payment by instalments will be paid to the bank account³ provided by you in our record or to your PayNow NRIC/FIN linked account based on your chosen payment mode. For other claims, we may request for a copy of your bank book/statement for account verification before we make payment.
2. We reserve the right to request for a copy of your bank book/statement for account verification before payment at any point in time where we deem necessary.
3. If there is a change of bank account, please submit to us a copy of your new bank book/statement for account verification and for us to update your bank account record with us.
4. If you opt for direct crediting and we did not receive your bank book/statement or were not able to verify your bank details, PayNow NRIC/FIN will be the default payment mode.
5. Kindly confirm with your receiving bank with regards to all information required for successful Telegraphic Transfer transaction. We will transfer the proceeds according to the instructions/information given on this form. In the event of a rejection by the bank or currency control issues, a fresh instruction will be required.
6. Payee will have to bear the charges incurred for this Telegraphic Transfer request (that includes subsequent Telegraphic Transfers charges, including bank charges for failed Telegraphic Transfer transactions, resulting from incomplete or error information provided by you).

Personal Data Use Statement

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 (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance 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 Insurance 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 Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide you with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my/our family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Insurance 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 authorisation and approval on their behalf, for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

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 I am authorised to disclose information (including personal information) about the insured if this claim is made on behalf of them.
5. 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 Insurance any medical or relevant information to do with me or the insured;
 - b. Income Insurance and its relevant third parties stated in Income Insurance'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 Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income Insurance to assess this claim.
6. I agree that a copy of the authorisation in this form is valid and binding as an original copy.
7. I consent and agree to the transfer and disclosure, at any time and without notice or liability to me, of any policy or claim information, including about the deceased life insured and claimant(s), in the insurer's possession to the Central Provident Fund Board and its approved insurer(s), and their representatives and third party service provider(s) for:
 - a. the purpose of administering the claims made under the Dependant's Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act 1953 which the deceased life assured may be insured under; or
 - b. any purpose connected with the administration or operation of the accounts maintained by the Board for the deceased life assured under the Central Provident Fund Act 1953.

Declaration and authorisation (continued)

8. I understand that I must give Income Insurance all documents, authorisations or information required by Income Insurance to assess the claim. If I fail to co-operate with Income Insurance in administering and processing the claim, I am aware that the assessment of the claim may be delayed or Income Insurance may reject the claim.
9. I agree that if I or any [#]Relevant Person is found to be a ^{*}Prohibited Person:
- if any policy is issued, you are entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.
- Your decision in every respect of the above will be final.
- I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identity documents.
- [#] *Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.*
- ^{*} *Prohibited Person means a person or entity who is, or who is [^]Related to a person or entity:*
- *subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or*
 - *who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.*
- [^] *Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.*
10. 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.
11. I agree to refund in full the monies which is paid by mistake or which I am not entitled to receive to Income Insurance immediately upon Income Insurance's request or once I found out on such mistake or wrong payment.
12. I understand and agree that once Income Insurance makes payment for a claim under this form to me (including any subsequent payment arising from this claim), Income Insurance's liability for such claim will be fully released and discharged accordingly.

Full name of deceased (as shown in NRIC/FIN card/Passport/Birth Certificate)	NRIC/FIN/Passport/Birth Certificate number
Full name (as shown in NRIC/FIN card/Passport) of nominee/claimant/policyholder/assignee/trustee/beneficiary or their legal personal representative	NRIC/FIN/Passport number
Relationship to deceased	
Address	
Email address	
Contact number (Hand phone) (Home) (Office)	
Signature/thumbprint	Date signed (dd/mm/yyyy)