NTUC GIFT
NOTIFICATION OF PERMANENT AND TOTAL DISABILITY CLAIM

TO : LIFE CLAIMS DEPARTMENT
NTUC INCOME INSURANCE CO-OPERATIVE LTD
NTUC INCOME Centre, 75 Bras Basah Road, Singapore 189557

1. Name of union/association :

2. Particulars of Union/Association member

(a) Name : ______________________ (b) NRIC No. : ______________

(c) Date & place of birth : ______________ (d) Sex : Male ☐ Female ☐

(e) Address : ______________________

(f) Tel No : (O) ________(H) ________ (g) Union/Association membership no.: ________

(h) Date joined Union/Association:________ (i) Membership type : Ordinary/General* Branch Member

3. To be filled if member is a Union/Association leader

(a) Position in Union/Association : ______________________

(b) Date elected as Union/Association leader : ______________________

3.1 To be filled if claim is for spouse (Please attach marriage certificate as proof of relationship)

(a) Name of spouse : ______________________ (b) NRIC No. : ______________

(c) Date and place of birth : ______________________

4. Details of occupation

	Before Disability	After Disability
(a) Occupation	________	________
(b) Name of Employer	________	________
(c) Average monthly income	________	________
(d) List exact duties	________	________
performed at work	________	________
[see Note (i)]	________	________

Note : *i) If you are not working, please provide a list of daily activities before and after disability*
ii) NTUC INCOME reserves the right to request for documentary evidence

5. Details of disability

(a) Is the disability suffered due to :

☐ 1. illness (date symptoms started ______________________)

☐ 2. accident (date/time of accident ______________________)

(b) Describe in detail the disability suffered

____

* Delete where applicable

as at May 2006

(c) Date you last worked ____________

(d) Are you currently confined to :

☐ bed ☐ house

☐ neither

(e) Date you returned to work ____________

OR

Date you expect to return to work ____________

6. Details of Doctor(s) consulted or Hospital(s) admission for this disability

Name(s)	Address(es)	Admission Dates

7. Details of your regular doctor or any other doctor(s) consulted for any other medical conditions

Name(s)	Address(es)	Reason for consultation

8. Other Claims

Are you claiming from any other insurance company or other sources in respect of this disability?
If yes, please provide the following information :

Name of Company	Policy No. (if applicable)

I hereby declare that the statements and answers given above are true and correct and I have not withheld any material fact from NTUC Income. I consent to NTUC Income obtaining medical information from any doctor I have consulted and I authorise the giving of such information. I agree that a photocopy of this form shall be as valid as the original.

Signature of Member : ____________ Date: ____________

Signature of Spouse : ____________ Date: ____________
(To be completed only if claim is for spouse)

<u>To be completed by Union/Association</u>

We hereby verify that the statements given are true and complete, that the above member/member's spouse* is eligible for the NTUC GIFT scheme and the member was in our membership roll at the date of member's/member's spouse's disability.

Name: ____________ Signature : ____________

Designation : President/ General Secretary/ Executive Secretary/ Treasurer/
Director, NTUC Membership Dept (for GB members) *

Date : ____________ Union/Association stamp : ____________

* Delete where applicable

as at May 2006