Healthcare Services Employees` Union
31 Third Hospital Avenue # 01-03
Bowyer Block C
Singapore 168753
Tel 63213803 Fax 62229719

CLAIMS IN RESPECT OF DEATH OF MEMBER'S SPOUSE / CHILDREN

Part I PARTICULARS OF DECEASED

Name _____ NRIC NO

Date of Birth Age Date of Death

Cause of Death _____ Death Certificate No

Relationship to Member _____

PART II PARTICULARS OF MEMBER (CLAIMANT)

Name of Member _____ NRIC NO

Date Join Union

Relationship to Deceased _____ Date Claim Submitted

_____
Signature / RTP of Claimant

Branch CGH/KKH/NCC/NDC/NHC/SHG Poly/ SGH/SNEC/NSC/NHG Poly/AH/NUH/TTSH/IMH/

Supporting Document s

1. Death Certificate
2. Birth Certificate /Marriage Certificate
3. NRIC

PART III COMMITTEE`S DECISION

APPROVED

Death of Child $

Death of Spouse $

Total $

REJECT
Reason for Reject _____

Reference No Meeting Date

Approving Officer _____ Signature _____

Appointment _____ Date