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

Part I PARTICULARS OF DECEASED

Name _____ Nric No | | | | | | | | | |

Date of Birth | | | | | | | Age | | | Date of Death | | | | | | |

Cause of Death _____ Death Certificate No | | | | | | | |

Membership Status Date join Union

Scheme I Scheme II

PART II PARTICULARS OF MEMBER (CLAIMANT)

Name of Claimant _____ NRIC NO | | | | | | | | | |

Address : _____ Sex : Male / Female

Post Code | | | | | | | HP: | | | | | | | | |

Res. | | | | | | | | | Others: _____

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 Scheme I $ | | | | . | | |

Scheme II $ | | | | . | | |

Total $ | | | | . | | |

REJECT ☐ **APPROVE** ☐

Reason for Reject _____

Reference No | | | | | | |

Approving Officer _____ Signature _____

Appointment _____ Date | | | | | | |