

CHECKLIST FOR DEATH CLAIM

Dear Claimant

We are sorry to learn of the death of our Policyholder/Life 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) Please submit all claim documents through your respective union upon verification.

- _____ Death Claim Form (to be completed by next-of-kin and verified by the respective union)
- _____ Certified True Copy of Death Certificate (for overseas death, the original Death Certificate must be certified by your lawyer or any Notary Public)
- _____ For Singaporeans who have died overseas, the death certificate is to be certified by and translated into English by the Singapore Embassy in the country of death.
- _____ Letter from Immigration and Checkpoint Authority (ICA) - this letter 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)
- _____ NRIC(s)/BC(s)/Passport(s) of Claimant(s)
- _____ Proof of Claimant's relationship with Deceased

<u>Claimant</u>	<u>Documents Required</u>
Spouse	Marriage Certificate
Parent	Birth Certificate of Deceased
Child	Birth Certificate of Claimant
Sibling	Birth Certificate of Deceased and Claimant
- _____ 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)

GH/ND/11/2009

DEATH CLAIM FORM

Important Notice

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income 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.

Particulars of Union/Association Member

Name of Union/Association ¹		Date joined Union/Association (dd/mm/yyyy)
Name of Member (as shown in NRIC/Passport)	NRIC/Passport No.	Date & place of birth (dd/mm/yyyy)
Union/Association membership no.	Membership type Ordinary/General* Branch Member	

To be completed if member is/was a Union/Association leader

Position in Union/Association	Date elected as Union/Association leader (dd/mm/yyyy)
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Information on Deceased

Date (dd/mm/yyyy) & time of death	Place of death	Cause of death
If death was the result of an accident, when and where did the accident occur?		Was any Coroner's inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date last at work (dd/mm/yyyy)	Occupation	Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Name of Spouse	Date (dd/mm/yyyy) & Place of birth	NRIC/Passport No.
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Payment Details

Payment to be made to (please tick '√' accordingly): <input type="checkbox"/> Union <input type="checkbox"/> Dependant/Nominee, please provide details below:		
Name (as shown in NRIC/Passport)		NRIC/Passport No.
Relationship to Deceased (please attach proof of relationship such as marriage certificate or birth certificate)		
Contact No. (O)	(H)	(Hp)
Address		

To be completed by Union/Association

We hereby declare that the statements given are true and complete, that the above member/member's spouse¹ is/was¹ eligible for the NTUC GIFT and the member was in our membership roll at the date of death of member's/member's spouse¹.

_____	_____
Name	Signature
Designation: President/General Secretary/Executive Secretary/Treasurer/ Director/NTUC Membership Dept [for GB members] ¹	
_____	_____
Date (dd/mm/yyyy)	Union/Association stamp

¹ Delete where applicable