

## DEATH CLAIM FORM

Dear Claimant,

We are sorry to learn of the demise of our Insured / Policy Owner. To assist you in the submission of the claim, please complete this Death Claim form and submit it together with all the required documents.

### Submission Checklist

#### Required documents for Death claim submission

- Duly completed Death Claim Form
- Copy of Death Certificate (*Refer to Important notes (1) below*)
- Copy of NRIC / Passport / Identity document of the Claimant (*Refer to Important notes (1) below*)
- Proof of relationship of Claimant and Life Insured (*Refer to Important notes (2) below*)
- Duly completed Doctor's Statement (*Refer to Important notes (6) below*)

#### If death was due to an Accident / unknown cause

- Police Investigation Report and / or Coroner's Certificate
- Post-Mortem Report and Toxicology Report

#### If death occurred overseas

- Letter from Immigration and Checkpoint Authority (ICA) on the invalidation of Deceased's Singapore NRIC / Passport
- Import and export permit for body / remains
- Burial / Cremation documents

#### Important Notes

1. Copies of the Death Certificate, NRIC / Passport / Identity Document, Marriage Certificate, Birth Certificate, Proof of Relationship and Grant of Letters of Administration/Probate which are not issued by the relevant Authority of Singapore must be certified to be true copies by the either i) the Singapore Embassy in the country of death, ii) Singapore Consulate, iii) Notary Public, or iv) relevant authority in the country of issuance. Please note that the original documents have to be produced for certification.
2. Proof of Relationship on Claimant / Beneficiary(ies) with deceased are as follows :
  - (i) Marriage Certificate
  - (ii) Birth Certificate
3. All documents submitted must be in English. Any document that is not in English must be accompanied by an English translated copy of the document made by a certified translator/interpreter.
4. All items must be duly completed and submitted to avoid delay in the claim processing. Please indicate as "N.A." if not applicable
5. The Company reserves the right to request for additional documents when deemed necessary.
6. Claim will be assessed upon receipt of all the required documents and we will advise whether the Doctor's Statement will be required.  
The Doctor's Statement must be completed by the doctor who attended to the deceased in his last illness or in the event of an accident. The Doctor's Statement fee is to be borne by the claimant.



# DEATH CLAIM FORM

## 1. POLICY INFORMATION

Please list all policy numbers that you are claiming for

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|--|
|  |
|--|

## 2. PARTICULARS OF THE INSURED (Deceased)

|                                    |            |  |
|------------------------------------|------------|--|
| Name (As shown in NRIC / Passport) |            | NRIC / PASSPORT No.                                  |
| Residential Address                | Occupation | Date last at work (dd/mm/yyyy)<br>____ / ____ / ____ |

## 3. CLAIM DETAILS

|   |                |                |                  |
|---|----------------|----------------|------------------|
| Date of Death (dd/mm/yyyy)<br>____ / ____ / ____                      | Cause of Death | Place of Death | Country of Death |
| i. Was the death due to suicide?                                      |                | Yes / No       |                  |
| ii. Was a post-mortem, autopsy, toxicology or coroner's inquiry held? |                | Yes / No       |                  |
| <i>If "yes", please furnish us a copy of the report</i>               |                |                |                  |

### 3a. If death occurred as a result of natural causes (eg. illness)

|   |                                 |
|---|---------------------------------|
| i. Date when the deceased first consulted a doctor for this illness | ____ / ____ / ____ (dd/mm/yyyy) |
| ii. Date when the deceased was first diagnosed with this illness    | ____ / ____ / ____ (dd/mm/yyyy) |
| iii. Date deceased first presented with symptoms of the illness     | ____ / ____ / ____ (dd/mm/yyyy) |

Please provide below, the details of all the doctors who had attended to the deceased:

| Name of doctor consulted | Address of doctor | Date first consulted for this illness (dd/mm/yyyy) |
|--------------------------|-------------------|--|
|                          |                   |  |

| Please provide details of deceased's regular doctor(s) and company doctor(s) below: |                                 |                            |                                      |
|---|---------------------------------|----------------------------|--------------------------------------|
| Name of doctor  | Name/Address of clinic/hospital | Reason(s) for consultation | Date(s) of consultation (dd/mm/yyyy) |
|   |                                 |                            |                                      |

### 3b. If death occurred as a result of an accident

| Date of accident (dd/mm/yyyy)<br>____ / ____ / ____                |         | Place of Accident  |  |
|--|---------|--|--|
| Please provide a detailed description of how the accident happened |         |  |  |
| Was the accident reported to the police?                           |         | Yes / No<br>If Yes, please enclose a copy of the police report |  |
| Were there any eye witness(es) to the accident?                    |         | Yes / No<br>If "Yes", please provide the details below         |  |
| Name of witness(es)  | Address | Contact Number   | Relationship with the deceased, if any |
|  |         |  |  |

### 3c. If death occurred overseas

| Date when deceased left Singapore (dd/mm/yyyy)<br>____ / ____ / ____   | What was the intended length of visit? |
|--|--|
| Please state the purpose of the overseas visit   |  |
| Was the deceased's body repatriated back to Singapore for cremation/burial? Please provide a copy of the letter from Immigration and Checkpoints Authority (ICA) | Yes / No                               |
| Please provide below, the name and address of the doctor certifying death:   |  |
| Name of doctor   | Address of doctor                      |
|  |  |

**4. Other insurances**

| Was the deceased insured with other insurance company(ies)? |               |                            |              |              | Yes / No<br>If "Yes", please provide the details below |                     |
|---|---------------|----------------------------|--------------|--------------|--|---------------------|
| Name of insurance company                                   | Policy number | Date of issue (dd/mm/yyyy) | Type of plan | Claim amount | Claim notified (Yes/No)                                | Claim paid (Yes/No) |
|   |               |                            |              |              |  |                     |

**5. OTHER INFORMATION**

|  |  |
|--|--|
| Has the deceased or the claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors since becoming interested in the policy? | Yes / No<br>If "Yes", please provide the details below |
| Please provide details below:  |  |
|  |  |

**5. PAYMENT INSTRUCTIONS** *Please select only one option below*

These instructions will not supersede any instructions (if any) regarding the mode of payment on all your existing policy(ies) with us.

a) Please select how you would like to receive the claim proceeds:

**For payment via Direct Fund Transfer (DFT)**

PayNow (via NRIC/FIN proxy)

-            -

- ◆ Only applicable for policies denominated in Singapore Dollars.
- ◆ This NRIC/FIN proxy must belong to the Policy Owner/Assignee.
- ◆ You must register for PayNow using your NRIC/FIN no. as proxy to receive payments on this policy.

Direct credit to designated bank account

- ◆ This account must belong to the Policy Owner/Assignee.
- ◆ Please submit a **copy of your bank book or recent bank statement** for account verification.  
(You need to circle the account for crediting if your statement shows more than 1 bank account)
- ◆ Only applicable for policies denominated in Singapore Dollars.
- ◆ Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Account Number: .....

Name of Bank: .....

Bank branch code: .....

**For other payment methods**

Cheque

- ◆ Cheque payments will be mailed to the Claimant's address.

## 6. CLAIMANT'S INFORMATION AND DECLARATION

|                                    |               |                     |
|------------------------------------|---------------|---------------------|
| Name (As shown in NRIC / Passport) |               | NRIC / Passport No. |
| Relationship to Deceased           | Email Address | Contact no.         |
| Residential Address                |               |                     |

### Declaration

- I understand and agree that the submission of this form does not mean that the claim will be paid. I understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions.
- I hereby declare that the information that is disclosed on this form is to the best of my knowledge and belief, true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted. I further acknowledge and accept that China Taiping Insurance (Singapore) Pte Ltd ("CTPIS") shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information disclosed on this form is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made.
- I hereby warrant and represent that I have been properly authorised by the Policy Owner and the applicable insured(s) to submit information pertaining to such insured's claims. Where the information provided is not my personal data, I warrant and represent that I have the consent of the Estate of the life assured to provide and disclose the life assured's personal data for the purpose of this claim.
- I acknowledge and accept that the furnishing of this form, or any other forms supplemental thereto, by CTPIS, is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights and defenses.
- I acknowledge and accept that CTPIS expressly reserves its rights to require or obtain further information and documentation as it deems necessary.
- For the purposes of (i) assessing, processing and investigating my claim(s) arising under the Policy and such other purposes ancillary or related to the assessing, processing and investigating my claim(s) and administering of the Policy, (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to CTPIS under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of CTPIS, and as set out in the Privacy Notice ("Purpose"), I authorise, agree and consent to: a. Any person(s) or organisation(s) that has relevant information concerning the Policy Owner and the insured person(s) (including any medical practitioner, medical/healthcare provider, financial service providers, insurance offices, government authorities/regulators, statutory boards, employer, or investigative agencies) ("Person(s)/Organisation(s)") pertaining to this claim, to disclose, release, transfer and exchange any information to CTPIS, its officers, employees, representatives or distribution partners, including without limitation, all personal data, medical information, medical history, employment and financial information, including the taking of copies of such records; and b. CTPIS, its officers, employees, representatives or distribution partners collecting, using, disclosing, releasing, transferring and exchanging personal data about me, the Policy Owner and the insured person(s), with any person(s) or organisation(s) listed in above, CTPIS's related group of companies, third party service providers, insurers, reinsurers, suppliers, intermediaries, lawyers/law firms, other financial institutions, law enforcement authorities, dispute resolution centres, debt collection agencies, loss adjustors or other third parties assisting with my claim for the Purpose.
- Where any personal data ("3rd Party Personal Data") relating to another person ("Individual") (including without limitation, insured persons, family members, and beneficiaries) is disclosed by me, I represent and warrant that I have obtained the consent of the Individual for CTPIS, its officers, employees, representatives or distribution partners to collect and use the 3rd Party Personal Data and to disclose the 3rd Party Personal Data to the persons enumerated above, whether in Singapore or elsewhere, for the Purpose stated above and in CTPIS Privacy Notice.
- I agree to indemnify CTPIS for all losses and damages that CTPIS, its officers, employees, representatives or distribution partners may suffer in the event that I am in breach of any representation and warranty provided to me herein.
- I agree to receive communication on the claim by email, SMS and/or hard copies by post.
- I agree that (i) CTPIS shall have full access to the information stated in this form, and (ii) this authorisation and declaration shall form part of my proposed application for the relevant insurance benefits, and a photocopy of this form shall be treated as valid and binding as if it were the original.
- I/We confirm that I/we have read and understood and hereby consent to the collection, use, processing and disclosure of my/our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at <https://www.sg.cntaiping.com/en/privacypolicy>, as may be amended from time to time.
- I/We agree that CTPIS is authorized to collect, retain, use and/or disclose as it reasonably deems fit, any information in respect of me/us that is received by CTPIS to its representatives and relevant third parties, companies within China Taiping Insurance group, related corporations of CTPIS, reinsurers, medical organisations, my/our adviser, financial institutions, CPF agent banks, credit agencies, reinsurers, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers and medical evacuation agencies), judicial, regulatory, government, relevant authorities, professional advisers, auditors and consultants, whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant laws.

|  |  |
|--|--|
| Name of Claimant (As shown in NRIC / Passport) |  |
| Signature of Claimant                          | Date (dd/mm/yyyy)<br><br>____ / ____ / _____ |

**7. CLAIMANT’S TAX RESIDENCY DECLARATION (FOR INDIVIDUAL)**

For **Individual**, please complete **all sections** below.

For **Entities**, please complete a separate Entity Tax Residency Self-certification form

**A. Common Reporting Standards (CRS) Tax Residency Self-Certification**

**WARNING:** Singapore Income Tax Act imposes a penalty of a fine not exceeding \$10,000 and / or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of Income Tax (Amendment No. 2) Bill 2016.

**i. Details of Tax Residency\***

Please provide information on your Tax Residency (i.e. where you are liable to pay income taxes). If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser.

|  |  |
|--|--|
| CRS Declaration of Tax Residency (Tick where applicable. You may select more than 1)*            |  |
| 1. I am a tax resident of <b>Singapore</b><br><b>Taxpayer Identification Number (TIN):</b> _____ | <input type="checkbox"/> Please complete <b>Part iii</b>               |
| 2. I am a tax resident of other country(ies) / jurisdiction(s)                                   | <input type="checkbox"/> Please complete both <b>Part ii &amp; iii</b> |

**ii. Details of Foreign Tax Residency(ies)\***

Please provide ALL the country(ies) (excluding Singapore) in which you are a tax resident and the associated Taxpayer Identification Number (TIN).

| Country/Jurisdiction of Tax Residency | Taxpayer Identification Number (TIN) | If you are unable to provide the TIN, Please tick one of the reasons* |                            |                            | If Reason B has been selected, please indicate why TIN is not available |
|---------------------------------------|--------------------------------------|---|----------------------------|----------------------------|---|
| 1                                     |                                      | <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C |   |
| 2                                     |                                      | <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C |   |
| 3                                     |                                      | <input type="checkbox"/> A  | <input type="checkbox"/> B | <input type="checkbox"/> C |   |

| *Reason | Description  |
|---------|--|
| A       | The country where the Assignee is liable to pay tax does not issue TINs to its residents.  |
| B       | The Account Holder (Proposer) is otherwise unable to obtain a TIN or equivalent number. (Please explain why you are unable to obtain a TIN if you have selected this reason) |
| C       | No TIN is required. (Note: Only select this reason if the authorities of the country of tax residency entered above do not require the TIN to be disclosed.)                 |

**Clarification of Tax Residency**

If your declared country(ies)/jurisdiction(s) of tax residency does not include the country of your **residential/ mailing address, contact number, country of birth, nationality or citizenship**, please provide the reason below.

\_\_\_\_\_

**iii. Acknowledgement of Tax Residency\***

I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I shall notify CTPIS within 30 days from date of change.

**B. Declaration on U.S Status**

I am not a U.S. Person / Person with U.S. Indicia and I am not acting for / on behalf of a U.S Person / Person with U.S Indicia. If my tax status changes and I become a U.S Person / Person with U.S Indicia. I shall notify CTPIS within 30 days from date of change.

I am a U.S. Person / Person with U.S. Indicia (please delete accordingly) and I have submitted the Declaration for U.S Person and U.S Indicia Form.

**Please specify Tax Payor Identification No. (TIN)**

|  |  |  |   |  |  |   |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|

◆ For definition of U.S Person under/or U.S Indicia, please visit <https://www.irs.gov>  
Please note that Form W-9 / Form W-8BEN need to be completed for U.S Person or Person with U.S Indicia.

### C. Declaration

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I agree to notify CTPIS within 30 days of any errors, omissions or changes in the information provided in this form.

|  |   |
|--|---|
| <b>Name of Signatory</b> (As shown in NRIC / Passport) |   |
| <b>Signature</b>                                       | <b>Date</b> (dd/mm/yyyy)<br><br>____ / ____ / _____ |