

DEATH CLAIM

Dear Claimant,

We are sorry to learn of the demise of our Insured. To assist us in processing the claim, please submit the following:

Documents Required

1. Duly completed Death Claim Form
2. Copy of Death Certificate
3. Copy of NRIC or identity documents (e.g. passport, birth certificate) of Claimant and Beneficial owner
4. Proof of relationship with deceased
5. Copy of Last Will of deceased (if any)
6. Certified True Copy of Grant of Letters of Administration / Probate (if any)
7. Duly completed Doctor's Statement (refer Notes 5)
8. Copy of bank passbook / statement with name and account number
(if you opt for direct fund transfer to a Singapore bank account)

If policy owner is a Corporate Entity

9. Copy of ACRA search report within the past 6 months/Certificate of Incorporation
10. Entity Tax Residency Self-certification form
11. Controlling Person Tax Residency Self-certification form (if applicable)
12. Copy of NRIC or identity documents of person who is signing on behalf of the company

If death was due to an accident / unnatural cause

1. Police / Accident report and Newspaper clipping
2. Coroner's Inquest, Post-Mortem report and Toxicology report

If death occurred overseas

1. Proof from Immigration and Checkpoint Authority (ICA) Singapore on update of life status to deceased
2. Repatriation documents (if body was repatriated to Singapore) and burial / cremation permit

Notes

1. All sections of our form must be duly completed. Please indicate as "N.A." if not applicable.
2. Documents which are not issued by the relevant Authority of Singapore must be certified true copies by either the Singapore Embassy in the country of death, Singapore Consulate, Notary Public, or relevant authority in the country of issuance. Please note that the original documents have to be produced for verification.
3. Any non-English documents must be officially translated into English by a certified / licensed translator.
4. Proof of Relationship can be Marriage Certificate, Birth Certificate etc.
5. The Doctor's Statement must be completed by the doctor who attended to the deceased in his/her last illness or in the event of an accident. All fees for completion of the Statement and/or medical reports shall be borne by the claimant. We will advise whether the Doctor's Statement is required.
6. For policy with nomination, the death claim form must be duly completed by each of the nominees.
7. We reserve the right to sight the original documents and/or request for additional documents / information to assess the claim.

Submission of documents

All claim documents may be submitted in the following ways:

1. Visit our Customer Service Centre at:
3 Anson Road, #18-00, Springleaf Tower
Singapore 079909
Operating hours: 8.45am - 5.30pm, Mon-Fri
2. Postal mail to:
China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road, #16-00, Springleaf Tower
Singapore 079909
Attention: Life Insurance Claims
3. Contact the servicing Financial Adviser Representative to assist you
4. Email us at: customer.service@sg.cntaiping.com

DEATH CLAIM FORM

1. POLICY INFORMATION

Please list all policy numbers on which you are filing this claim

2. PARTICULARS OF LIFE INSURED (Deceased)

Name (as shown in NRIC / Passport)	NRIC / Passport Number
Residential Address	Occupation
Name and Address of Employer	Date last at work ____ / ____ / ____ (dd/mm/yyyy)

3. CLAIM DETAILS

i. Date of death	____ / ____ / ____ (dd/mm/yyyy)
ii. Place & Country of Death	
iii. Cause of death	
iv. Was the death due to suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Was the death due to self-destruction or self-inflicted injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Was a coroner's inquest held?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the report
vii. Was a post-mortem or autopsy done?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the report

3a. If death occurred due to 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)

3a. If death occurred due to illness (continued)

iv. Please provide details of all the doctors who had attended to the deceased:

Name of doctor	Name and Address of clinic/hospital	Date first consulted for this illness (dd/mm/yyyy)

v. Please provide details of deceased's regular doctor(s) and company doctor(s):

Name of doctor	Name and Address of clinic/hospital	Date of consultation (dd/mm/yyyy)	Reason(s) for consultation

3b. If death occurred due to accident or unnatural causes

i. Date of accident

____ / ____ / ____
(dd/mm/yyyy)

ii. Time of accident

AM / PM *

*Delete where appropriate

iii. Place and Country of Accident

iv. Describe in detail how the accident happened and extent of injuries sustained

v. Was a police investigation carried out?

☐ Yes ☐ No

If Yes, please provide details below and a copy of the police report

Name of investigation officer	Contact Number	Branch & Address of Police Station

vi. Was there any eye witness to the accident?

☐ Yes ☐ No

If Yes, please provide details below

Name of witness	Relationship with the deceased (if any)	Address & Contact Number

3c. If death occurred outside of Singapore/domicile country

i. Date when deceased left Singapore/domicile country	____ / ____ / ____ (dd/mm/yyyy)
ii. What was the intended length of visit?	
iii. Please state the purpose of the overseas visit	
iv. Was the deceased's body repatriated back to Singapore for cremation/ burial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Please state the name & address of the doctor who certified the death	

4. TESTAMENT & FAMILY STATUS

i. Did the deceased leave a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of the last Will
ii. Was a Grant of Probate or Grant of Letters of Administration applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy
iii. What was deceased's marital status?	Single / Married / Separated / Divorced / Widowed

5. OTHER INFORMATION

i. Does the deceased have similar benefits with other insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below			
Name of Insurer	Type of Plan	Date of Issue	Sum Assured	Claim Notified
ii. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below			
Name of bankrupt person	Country that issued bankrupt order	Year declared bankrupt		
If discharged from bankruptcy, please provide the letter of discharge from Official Assignee.				

6. DECLARATION OF OWNERSHIP

i. Is there a beneficial owner in receiving this payment?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below
Name	NRIC / Passport Number	Nationality	Relationship to deceased	Address & Contact Number

Note: Beneficial Owner, in relation to a customer of a financial adviser, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

7. PAYMENT INSTRUCTION

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

Please select only **one** option:

☐ PayNow (via NRIC/FIN proxy)

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- ◆ This NRIC/FIN proxy must belong to the Claimant.
- ◆ Only applicable for policies denominated in Singapore Dollars.
- ◆ You must register for PayNow using your NRIC/FIN no. as proxy to receive payment.

☐ Direct credit to designated bank account

Bank Account Number:

Name of Bank:

Bank branch code:

- ◆ 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.
- ◆ Account must be a Singapore Dollars (SGD) bank account in Singapore.

☐ Cheque

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

8. CLAIMANT'S INFORMATION AND DECLARATION

Name (as shown in NRIC / Passport)		NRIC / Passport Number
Relationship to Deceased	Email Address	Contact Number
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 adjusters 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.

Signature of Claimant <i>(with Company's Name and Stamp if Corporate policies)</i>	Date (dd/mm/yyyy) ____ / ____ / ____
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For **Individual**, please complete **all sections** below.
For **Entities**, please complete a **separate** Entity Tax Residency Self-certification form

WARNING: Singapore Income Tax Act 1947 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 the Income Tax (Amendment No.2) Bill 2016.

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 Singapore Taxpayer Identification Number (TIN): _____	<input type="checkbox"/>	Please complete Part iii
2. I am a tax resident of other country(ies) / jurisdiction(s)	<input type="checkbox"/>	Please complete both Part ii & iii

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.)

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

☐ 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.

☐ 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)

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♦ 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 respectively.

C. Declaration and Authorisation

1. I declare that all information provided in this form are, to the best of my knowledge and belief, correct 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 China Taiping (Singapore) Pte. Ltd. within 30 days of any errors, omissions or changes in the information provided in this form.

Name of Signatory (As shown in NRIC / Passport)	
Signature	Date (dd/mm/yyyy) ____ / ____ / ____