



INDIVIDUAL RETRENCHMENT BENEFIT CLAIM FORM

Dear claimant,

Kindly note that this Claim Form for Retrenchment Benefit covered under #goLifePro and #goAffluence. Please refer to your Policy Document or your servicing financial adviser for the terms and conditions.

In order for us to process your claim, we require the following:

- (1) Claimant's Statement
- (2) Declaration of Beneficial Ownership
- (3) Authorisation Form - Request For Information
- (4) Authorisation Form For Crediting to Singapore Bank Account
- (5) Retrenchment Letter from Ex-Employer
- (6) CPF Contribution Statement (12 months prior to retrenchment and 2 months after retrenchment)
- (7) Salary Slips (12 months prior to retrenchment)
- (8) Copy of physical NRIC of claimant

Once we have received all the above required documents, we will process your claim and inform you of the outcome as soon as possible.

Submission of Claim Documents

Please submit all claim documents:

- (I) Through your servicing adviser; OR
- (II) By post to the below address:

Life Claims Department
Tokio Marine Life Insurance Singapore Ltd
20 McCallum Street
#07-01 Tokio Marine Centre
Singapore 069046



INDIVIDUAL RETRENCHMENT BENEFIT CLAIMANT'S STATEMENT

IMPORTANT NOTES :

- (1) This claim form is for Retrenchment Benefit covered under #goLifePro and #goAffluence.
- (2) The issue of this claim form is not an admission of liability.
- (3) This claim form is to be completed by the Assured.
- (4) Tokio Marine Life Insurance Singapore Ltd. reserves the right to request for additional documents when it deems necessary.

CLAIMANT'S STATEMENT : TO BE COMPLETED BY ASSURED

PART 1 : DETAILS OF POLICY(IES)

1.1 Policy No. : (a) _____ (b) _____
 (c) _____ (d) _____

PART 2 : DETAILS OF ASSURED

2.1 Name : _____
 (as stated in NRIC / Passport)

2.2 NRIC / Passport No. : _____

2.3 Residence address : _____

PART 3 : DETAILS OF PREVIOUS / CURRENT EMPLOYMENT

3.1 Name of previous employer : _____

3.2 Address of previous employer : _____

3.3 Title in previous employment : _____

3.4 Join date in previous employer : _____ (dd/mm/yyyy)

3.5 Date of Retrenchment notice : _____ (dd/mm/yyyy)

3.6 Effective date of Retrenchment : _____ (dd/mm/yyyy)

3.7 Reason for Retrenchment : _____

3.8 Type of Employment : _____
 Eg. Full time, part time, contract basis, temporary, self-employed, Others (pls specify)

3.9 Last day of service with previous employer : _____ (dd/mm/yyyy)

3.10 Are you currently employed? Yes No
 If Yes,
 Date of first day of work with current employer : _____ (dd/mm/yyyy)
 Name of current employer and position held : _____

 Signature of Assured Date (dd/mm/yyyy)



3.11 Did the Retrenchment arise out of your:

i	retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii	resignation	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii	termination or suspension due to willful or deliberate misconduct or unlawful behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv	natural expiry of the employment contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
v	leave of absence whether paid or unpaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi	military discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii	any voluntary forfeiture of income by you	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.12 Is your Ex-Employer your Relative* ?

Yes No

If Yes, please state the relationship: _____

* Relative means your spouse, parent, sibling, uncle, aunt, nephew, niece, grandparent, child or grandchild

3.13 Please provide the following information relating to your Ex-Employment:

Question	You	Your Relative *
Do You or Your Relative own 5% or more of the equity interest in a body corporate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A
Are You / Your Relative in a position to exercise control over the appointment and termination of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A
Are You / Your Relative in the company, club, corporation, limited liability partnership, society, association or partnership (or such other similar body whether incorporated or unincorporated) which employs You?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A

* Relative means your spouse, parent, sibling, uncle, aunt, nephew, niece, grandparent, child or grandchild

PART 4 : CONTACT PERSON(S) IN PREVIOUS EMPLOYER

4.1 Please provide the details of contact person(s) in previous employer for queries relating to the retrenchment:

Name of contact person	Designation	Contact number	Email address

Signature of Assured

Date (dd/mm/yyyy)



PART 5 : OTHER INSURANCES

5.1 Are you insured with other insurance company(ies)? Yes No

If **Yes**, please provide the following details :

Name of insurance company	Date of issue	Sum assured	Type of plan	Claim amount	Claim notified
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 6: DECLARATION FOR COMMON REPORTING STANDARD (CRS)

6.1 Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

	Country of Tax Residence	Taxpayer Identification Number (TIN) <i>In Singapore, TIN for Individuals would be your NRIC/FIN</i>	If no TIN available, enter Reason A, B or C	Please state reason(s) if Reason B is selected
Proposer				
Joint Life Assured				

If you are a tax resident in more than two countries, please use a separate Individual Tax Residency Self-certification Form. If a Taxpayer Identification Number (TIN) is unavailable, please provide the appropriate reason A, B or C:

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

For more information on Common Reporting Standard, you can refer to our company website.

(<http://www.tokiomarine.com/sg/en/about-us/crs.html>)

For Entity and/or Controlling Persons, please complete the Entity Tax Residency Self-Certification Form and/or Controlling Person Tax Residency Self-Certification Form (forms can be obtained from the same website). If you have any questions on how to define your tax residency status, please visit the IRAS website or speak to a professional tax adviser as we are not allowed to give tax advice.

Signature of Assured

Date (dd/mm/yyyy)



Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. and Tokio Marine Insurance Singapore Ltd. (“Tokio Marine Insurance Group”) may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group’s Data Protection Policy available at www.tokiomarine.com which I / we have read, understood and agreed to the same.

Declaration

I / We agree that:-

- (i) all answers given by me / us in this form are, to the best of my / our knowledge and belief, true and complete;
- (ii) Tokio Marine Life Insurance Singapore Ltd (“TMLS”) shall not be deemed to provide cover and neither should TMLS be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose TMLS (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;
- (iii) where TMLS becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (iv) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (ii), TMLS shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of TMLS on the aforementioned is final; and
- (iv) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries’ beneficial owners. As an ongoing obligation, I/We will immediately inform TMLS if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

I / We hereby also authorize:

- (a) any medical source, insurance office, or organization to release to or when requested to do so by TMLS, any relevant information concerning the below-named assured, and;
- (b) TMLS to release to any medical source, insurance office, or organization, any relevant information concerning the below-named assured, at any time.

A photocopy of this authorization shall have the same effect as the original.

	Signature of Assured	Date
Name(s) :		
NRIC No(s) :		
Address(es) :		
<small>(Note: Our correspondence will be sent to your policy’s mailing address. If you have moved, please update your mailing address via TMLS Policyholders Portal https://mypolicy.tokiomarine-life.sg before submitting this claim.)</small>		
Email Address :		
Contact No(s) :	(HP)	



DECLARATION OF BENEFICIAL OWNERSHIP

Is there a beneficial owner in receiving this payment? Yes No

If Yes, please provide the particulars of the beneficial owner(s) to this policy and submit a copy of their NRIC / Passport (certified by your servicing adviser) to us.

Name(s) : _____

NRIC / Passport No(s) : _____

Address(es) : _____

Contact No(s) : _____ (H) _____ (O) _____ (HP)

Relationship to Deceased :

Nationality: Singaporean Singaporean PR Others, please specify _____

Note:

Beneficial owner, in relation to a customer of a financial adviser, means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over body corporate or unincorporated.

Signature of Claimant

Date : _____
(dd/mm/yyyy)

Name(s) : _____

NRIC No(s) : _____

Address(es) : _____

Contact No(s) : _____ (HP)

Relationship : _____



AUTHORIZATION FORM - REQUEST FOR INFORMATION

NAME OF ASSURED : _____
NRIC NO. : _____ POLICY NO. : _____

This consent form is required for an insurance claim.

Authorization

I / We hereby authorize:

- (a) any medical source, insurance office, or organization to release to or when requested to do so by Tokio Marine Life Insurance Singapore Ltd. ("Company"), any relevant information concerning the above-named, and;
- (b) the Company release to any medical source, insurance office, or organization, any relevant information concerning the above-named, at any time.

A photocopy of this authorization shall have the same effect as the original.

Yours faithfully

Signature of Assured

Name : _____
Address : _____
NRIC No. : _____

AUTHORISATION FORM FOR CREDITING TO SINGAPORE BANK ACCOUNT

Policy No	
Type of Payment	Claims

Please select ONE option:

<input type="checkbox"/>	<p>PayNow registered with Singapore NRIC/FIN</p> <ul style="list-style-type: none"> Please note that PayNow account registered with mobile number is not accepted. You may register for PayNow account using your Singapore NRIC/FIN via “Manage Paynow” in your internet banking or mobile banking application. If the PayNow transaction is unsuccessful, we will send you a cheque to your mailing address. 						
<input type="checkbox"/>	<p>Electronic Fund Transfer to your Singapore Bank Account</p> <ul style="list-style-type: none"> Please attach a copy of your bank statement/passbook showing your name and bank account no. We accept bank statements with balance/transactions masked. Truncated e-statements downloaded from banks’ mobile application are also acceptable as long as the document shows the account holder’s name and account number on the same page. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 35%;">Name of Singapore Bank</td> <td></td> </tr> <tr> <td>Account No</td> <td></td> </tr> <tr> <td>Bank Account Holder’s Name</td> <td></td> </tr> </table>	Name of Singapore Bank		Account No		Bank Account Holder’s Name	
Name of Singapore Bank							
Account No							
Bank Account Holder’s Name							

Declaration & Authorisation

I/We Hereby Authorise Tokio Marine Life Insurance Singapore Ltd to Credit The Amounts Due To Me/Us To The Above Requested Paynow/Bank Account, Where Applicable. Amounts so credited would constitute valid discharge of above payment due to me/us.

I/We understand and agree that:

- a) Where I/we are eligible to receive payments from Tokio Marine Life Singapore Ltd (“TMLS”) for policy proceeds (“Payment”) as determined by TMLS, the Payment will either be credited to my/our bank account linked to my/our Singapore NRIC/FIN, which I/we have registered with a bank for PayNow or bank transfer (depending on option chosen above). For avoidance of doubt, Payment is not applicable to PayNow linked to your mobile or company UEN.
- b) By completing this form, I/we declare it is my/our responsibility to ensure that all information submitted herein is correct and complete to the best of my/our knowledge. TMLS is not obliged to ensure that all information provided by me/us herein is accurate or that it remains true and accurate at the time of processing the Payment.
- c) PayNow or the bank transfer service is not operated by TMLS and my/our access to and use of PayNow or for a bank transfer is subject to the availability of PayNow and their services and that of my/our bank for the bank transfer. TMLS does not warrant my/our use of PayNow or for a bank transfer and the use is subject to the relevant terms and conditions of PayNow and/or my/our bank.
- d) I/we shall indemnify TMLS against all costs, damages and/or losses arising from or in connection with any breach by me/us of these terms or the terms and conditions imposed by my/our bank in relation to a bank transfer, or PayNow, or their service provider, my/our bank.



- e) TMLS shall bear no liability to me/us or any other party in the event the Payment is not made into my/our bank account otherwise, or the Payment being late, unsuccessful, or incomplete, or the suspension, termination, or discontinuance of PayNow or their services.
- f) TMLS has the sole discretion to make Payment using any other method as it deems fit and TMLS shall be entitled to terminate or suspend the Payment of your policy proceeds to me/us, and/or to add to, delete, or change the terms herein at any time without notice, without liability to me/us.
- g) TMLS shall not be deemed to provide cover and neither should TMLS be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose TMLS (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America.
- h) Where TMLS becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in the paragraph above, TMLS shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of TMLS on the aforementioned is final.
- i) A person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform TMLS if there are any changes to the identities, status/ constitution/ establishment, particulars, and identification documents of these persons.
- j) A person who is not a party to this agreement shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of these terms.
- k) These terms shall be governed by the laws of Singapore and the exclusive jurisdiction of the Courts of Singapore.

Personal Data Notice

I / We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available www.tokiomarine.com which I / we have read, understood and agreed to the same.

Signature of Assured	Date
Name: _____	NRIC No: _____
Email: _____	Mobile No: _____