



INDIVIDUAL DEATH CLAIM FORM

Dear Claimant,

We are sorry to learn about the death of our policyholder.

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

- (1) Claimant's Statement
- (2) Declaration of Beneficial Ownership (for Trust / Keyman Policies OR if nominee is a Non-Natural Person eg. Organisation, society etc)
- (3) Consent Form for Medical Report
- (4) Authorisation Form For Crediting to Singapore Bank Account
- (5) Death certificate
 - (A) For death which occurred in Singapore, copy of the death certificate can be submitted to us.
 - (B) For death which occurred overseas, the original death certificate have to be sighted by our Customer Service Officer, or certified true copy by your lawyer or any Notary Public.
- (6) Newspaper clipping (if any) and police report (if death was a result of accident / unnatural death)
- (7) All documents which are in foreign language must be officially translated to English (translated by official Authority / Notary Public / Embassy) before submitting to us.
- (8) Copy of physical NRIC(s) of claimants / beneficial owner
- (9) Proof of relationship between claimant and deceased:

If Claimant is	Documents required
Wife / Husband	Copy of marriage certificate
Children	Copy of birth certificate of claimant
Parents	Copy of birth certificate of deceased
Sibling	Copy of birth certificate of deceased Copy of birth certificate of sibling

Additional documents required for death overseas:

- (10) Doctor's Statement
- (11) Burial cremation documentation
- (12) Letter from Immigration and Checkpoint Authority (ICA)

For Singaporeans and Permanent Residents (PR) who died overseas, ICA would issue a letter confirming receipt of deceased's Singapore NRIC, Passport and overseas Death Certificate, and invalidation of deceased's Singapore NRIC / Passport. Please submit a copy of this letter to us.
- (13) All documents that are not issued in Singapore must be authenticated by the Singapore Embassy in the country of death, Singapore Consulate or Notary Public.

Once we 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 DEATH CLAIM CLAIMANT'S STATEMENT

IMPORTANT NOTES :

- (1) The issue of this claim form is not an admission of liability.
- (2) This claim form is to be completed by the Claimant / Next-of-Kin of Deceased.
- (3) Tokio Marine Life Insurance Singapore Ltd. reserves the right to request for additional medical reports when it deems necessary.

PART 1 : DETAILS OF POLICY(IES)

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

PART 2 : DETAILS OF DECEASED

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

2.2 NRIC No. / Passport No. : _____

2.3 Residence address prior to death : _____

2.4 Occupation prior to death: _____

PART 3 : DETAILS OF DEATH

3.1 Date of death : _____ Time of death : _____
(dd/mm/yyyy)

Place of death : _____

3.2 Cause of death : _____

3.3 Was the death due to suicide? Yes No

PART 4 : PROOF OF DEATH

4.1 Was a post-mortem or autopsy carried out? Yes No
If **yes**, please furnish a copy of the report.

4.2 Was any Coroner's Inquest held? Yes No
If **yes**, please furnish a copy of the report.

PLEASE COMPLETE QUESTION 5 IF DEATH WAS RESULTED FROM AN ACCIDENT

PART 5 : DETAILS OF ACCIDENT

5.1 Date of accident : _____ Time of accident : _____
(dd/mm/yyyy)

Place of accident : _____

5.2 Describe in detail how the accident happened : _____

5.3 Please describe the nature and extent of injuries sustained : _____

Signature of Claimant

Date (dd/mm/yyyy)



5.4 Was there any eye-witness to the accident? Yes No
If **yes**, please give name(s) and address(es) of witness(es) :

Name of Witness	Address

5.5 Was the accident reported to the police? Yes No
If **yes**, please give the name of the police station reported to (please enclose a copy of the police report) :

PLEASE COMPLETE QUESTION 6 IF DEATH WAS RESULTED FROM AN ILLNESS

PART 6 : DETAILS OF ILLNESS

For the illness as mentioned under Part 3 and 4

6.1 When did the deceased first complain of illness? _____
(dd/mm/yyyy)

6.2 When did the deceased first have the symptoms? _____
(dd/mm/yyyy)

6.3 When did the deceased first see a doctor? _____
(dd/mm/yyyy)

6.4 Give names of doctors/ hospitals/ clinics who attended to the deceased for this illness :

Name of doctor / clinic / hospital	Address of doctor / clinic / hospital

6.5 Did the deceased suffer from any other illnesses / conditions? Yes No
If **Yes**, please state :

Illness / Condition	Date first diagnosed	Name and address of doctor(s) consulted

Signature of Claimant

Date (dd/mm/yyyy)



PART 7 : TESTAMENT & FAMILY STATUS

7.1 Did the deceased leave a Will? Yes No
If yes, please enclose a copy of the Last Will

7.2 Are you aware if there is anyone who has applied for or intend to apply for the Grant of Probate / Grant of Letters of Administration to the deceased's estate? Yes No
If yes, please provide us the name of this person and his / her relationship to the deceased :

Name	Relationship

7.3 What was the deceased's marital status at point of death? (please tick)
 Single Married Divorced Separated Widowed

7.4 Please state the surviving family members of the deceased as follows:

Surviving (please circle)

Deceased's Father YES / NO
 Deceased's Mother YES / NO
 Spouse YES / NO / NA (circle "NA" only if deceased is single)
 Children YES / NO

Please indicate the number and name of children and their ages (if applicable)

Name of children	Age

7.5 If deceased is single and both parents have passed away, please indicate the number of surviving siblings and their ages

Name of sibling	Age

PART 8 : OTHER INSURANCES

8.1 Was the deceased 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

Signature of Claimant

Date (dd/mm/yyyy)



PART 9 : FATCA & CRS DECLARATION

10.1 U.S. TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)													
I hereby confirm that:	Please tick accordingly												
I am not a U.S. Person ¹ and I am not acting for / on behalf of a U.S. Person / U.S. Indicia ¹ .	<input type="checkbox"/>												
I am a U.S. Person and I have submitted the completed Form W-9 ² .	<input type="checkbox"/>												
Please specify Tax Payer Identification number (TIN)													
<table border="1"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					-			-					
			-			-							
¹ Please refer to our company website for the definition of U.S. Person and U.S. Indicia.													
² Form W-9 / Form W-8BEN / Form W-8BENE can be obtained from http://www.irs.gov .													

10.2 Declaration of Common Reporting Standard (CRS). 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) In Singapore, TIN for Individuals would be your NRIC/FIN	If no TIN available, enter Reason A, B or C	Please state reason(s) if Reason B is selected

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 Claimant 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 Claimant

Date : _____
(dd/mm/yyyy)

Name(s) : _____

NRIC No(s) : _____

Address(es) : _____

Email Address : _____

Contact No(s) : _____ (HP)

Relationship to Deceased : _____

(2024.03)



INDIVIDUAL DEATH CLAIM DOCTOR'S STATEMENT

- 1 Name of deceased : _____
(as stated in NRIC / Passport)
- 2 NRIC / Passport No. : _____
- 3 Date of death : _____ Time of death : _____
(dd/mm/yyyy)
- Place of death : _____
- 4 **DETAILS OF CONSULTATION / TREATMENT**
- (a) Diagnosis : _____
- (b) Date of deceased's first consultation with you : _____
(dd/mm/yyyy)
- (c) Please state symptoms presented and date symptoms first appeared in the box provided below :
- | Symptoms presented at first consultation | Date symptoms first started
(dd/mm/yyyy) |
|--|---|
| | |
| | |
- (d) Date of diagnosis : _____
(dd/mm/yyyy)
- (e) Diagnosis was first made by (name of doctor) : _____
- (f) Date when diagnosis was first made known to the patient : _____
(dd/mm/yyyy)
- (g) Date when the deceased first became aware of symptoms : _____
(dd/mm/yyyy)
- (h) In your opinion, how long do you think the illness / condition has existed? _____
- (i) How long had the deceased suffered from the illness according to his / her family? _____
(dd/mm/yyyy)
- (j) Date when treatment first given to the deceased : _____
(dd/mm/yyyy)
- 5 Was there any predisposing cause of the deceased's death, in his / her habits (use of alcohol, narcotics, etc), family history or occupation? Yes No
If **yes**, please provide full details including the date of diagnosis and source of information : _____

Hospital / Clinic Stamp

Date (dd/mm/yyyy) _____

Signature of Attending Doctor

Name and Address
Qualification



6 Did the deceased suffer from any other illness / injuries? Yes No
If **yes**, kindly provide the details below :

Illness / Injuries	Duration of illness / injury

7

Cause of death	Approximate Interval between onset and death			
	Years	Months	Days	Hours
(a) _____ due to (or as a consequence of)				
(b) _____ due to (or as a consequence of)				
(c) _____ due to (or as a consequence of)				

8 Are you the deceased's regular doctor? Yes No
If **yes**, since when : _____

(dd/mm/yyyy)

If **no**, kindly provide the name and address of his / her usual physician, if known to you :
Name of doctor / specialist :

Address of clinic :

9 Was the patient being referred to you? Yes No
If **yes**,

(a) Please provide the date of referral _____
(dd/mm/yyyy)

(b) Please provide the name and address of the referral doctor :

10 Kindly provide us with additional information, if any, to further assist us in assessing this claim :

Hospital / Clinic Stamp
Date (dd/mm/yyyy) _____

Signature of Attending Doctor
Name and Address
Qualification

(2024.03)



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 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 to Deceased : _____



CONSENT FORM FOR MEDICAL REPORT

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

This consent form is required for an insurance claim.

Authorization

I / We hereby also 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 patient, and;
- (b) the Company to release to any medical source, insurance office, or organization, any relevant information concerning the above-named patient, at any time.

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

Yours faithfully

Signature of *Patient / Patient's Parent / Guardian

Name : _____

Address : _____

NRIC No.: _____ Relationship to patient: _____

* If the patient is below 21 years old, this form should be signed by the patient's parent / guardian

(2024.03)



AUTHORISATION FORM FOR CREDITING TO SINGAPORE BANK ACCOUNT

Policy No	
Type of Payment	Claims

Please select ONE option:

<input type="checkbox"/>	PayNow registered with Singapore NRIC/FIN <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"/>	Electronic Fund Transfer to your Singapore Bank Account <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.

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:

- 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.
- 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.
- 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.
- 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 Claimant	Date
Name: _____	NRIC No: _____
Email: _____	Mobile No: _____