

Please refer to the following documents required for filing each type of claim:

A. For Death Claim under Group Term Life and Group Personal Injury policy:

- 1) Death Claim Form (to be completed)
- 2) Certified True Copy of Death Certificate
- 3) Certified True Copy of Marriage Certificate if deceased was married
- 4) Certified True Copy of deceased's Birth Certificate and copy of deceased's parents' identity cards if deceased was not married
- 5) Certified True Copy of claimant's identity card (front and back)
- 6) Certified True Copy of Last Intestate Will (if any)

Note: Singlife will request for the Physician Statement if there is insufficient information on the submitted documents.

If death cause is due to accidental events, please submit:

- 1) Police Investigation Report
- 2) Post Mortem / Autopsy Report including Toxicology Report
- 3) Coroner's Inquest / Verdict

B. For other / additional benefits claim under Group Personal Injury policy, please submit:

Disappearance

- 1) Newspaper Clippings (if any)
- 2) Certified True Copy of Airline / Authorities letter confirming that deceased was a passenger of the unfortunate accident
- 3) Certified True Copy of Immigration & Checkpoints Authority (ICA) letter indicating updated life status of deceased

Child Education Fund Benefit

- 1) Certified True Copy of child's Birth Certificate (front and back)
- 2) Certified True Copy of child's Concession Pass (front and back) or Enrolment letter from Institution

Compassionate Death Allowance Benefit

- 1) Certified True Copy of funeral expenses invoices

C. For Total & Permanent Disablement / Total & Permanent Dismemberment due to Accident / Advance Payment Benefit / Injury due to Accident / Disability Income / Comatose Lump Sum Benefit Claim under Group Term Life and Group Personal Injury policy:

- 1) Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Certified True Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, X-Rays, laboratory reports
- 4) Certified True Copy of Insured Person's NRIC (front and back)
- 5) Certified True Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

Additional documents required for Disability Income Benefit Claim:

- 1) Employment and/or Income documents, e.g. confirmation from employer on absence from work, termination letter, pay slips, IR8A Form, CPF Statements, Commission Statement, etc.
- 2) Copies of all medical leave certificates

D. For other / additional benefits claim under Group Personal Injury policy, please submit:

Mobility aid upon accidental Total & Permanent Disablement

- 1) Certified True Copy of mobility aids purchase and installation invoices

Ambulance Cost

- 1) Certified True Copy of ambulance fee invoice (transportation to hospital)

Home Rehabilitation Renovation Expenses

- 1) Certified True Copy of installation invoices

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

Please refer to the following documents required for filing each type of claim:

E. For Living Care / Living Care Plus Claim

- 1) Living Care / Living Care Plus Claim Form (to be completed)
- 2) Physician Statement (to be completed by attending physician)
- 3) Certified True Copy of all related diagnostic reports, e.g. CT Scans, MRI Scans, PET Scans, X-Ray, histopathology / laboratory reports
- 4) Certified True Copy of Insured Person's NRIC (front and back)
- 5) Certified True Copy of Insured Member's / Affiliate Member's NRIC (front and back), if Insured Person is a dependant

Note: Cost of the Physician's Statement and/or medical evidence shall be borne by the Insured Person / Insured Member / Insured Affiliate Member.

F. For Daily Hospital Cash Benefit / Hospital Recuperation Benefit / Simple Fracture or Other Fracture due to Accident Claim under Group Term Life and Group Personal Injury policy:

- 1) Claim Form (to be completed)
- 2) Copy of finalised hospital bill (admission and discharge dates have to be indicated)
- 3) Copy of Inpatient Discharge Summary / Doctor's memorandum indicating diagnosis and date of injury
- 4) Copy of Insured Person's NRIC (front and back)
- 5) Copy of Insured Member's / Insured Affiliate Member's NRIC (front and back), if Insured Person is a dependant

IMPORTANT NOTE:

- **The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to require the submission of such additional documents.**
- **For submission via email, please ensure that documents are scanned in colour.**

Submission of claim documents:

To submit a claim, complete the relevant Claim Form and also have on-hand the required supporting documents. Thereafter, email us the complete set of claim documents for our claim review. We will acknowledge your electronic claim submission within 2 business days.

Alternatively, you may call us and we will be able to guide you through the claim process.

You may contact us at:

MINDEF & MHA Claims Hotline – 6827 8030

Our Operating Hours:

Mondays – Fridays 8.45am – 5.30pm

Closed on Saturdays, Sundays and Public Holidays

Email Addresses:

MINDEF_Claims@singlife.com (For Mindef Claims)

MHA_Claims@singlife.com (For MHA Claims)

MINDEF & MHA GROUP INSURANCE DEATH CLAIM FORM

IMPORTANT:

1. Please refer to the **Claims Procedure at a Glance** for documents required for submission of this claim.
2. The Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
3. Singapore Life Ltd. does not admit liability by the mere issue of this or any other form.

To be completed by the Claimant

SECTION A: DETAILS OF DECEASED AND INSURED MEMBER / INSURED AFFILIATE MEMBER

Name of Insured Member/ Insured Affiliate Member (if different from Deceased)

NRIC/FIN/Passport/BC No. Are you from MSD? (applicable to MINDEF only) Yes No

Name of Deceased

NRIC/FIN/Passport/BC No. Date of Birth Gender Male Female

Marital Status Single Married Widowed Divorced Others _____

Date of Death Cause of Death

Was the death due to suicide? Yes No

Mailing Address at Time of Death

Place of Death

Was a post mortem or autopsy carried out? (If "Yes", please submit a copy of the report) Yes No

Was any Coroner's Inquest held? Yes No

Did the Deceased leave a will? (If "Yes", please enclose the Last Will) Yes No

Who are the surviving family members of the Deceased?

Is the Deceased insured with other insurance companies? Yes No

If "Yes", please indicate:

(1) Name of insurance companies

(2) Policies No.

SECTION A: DETAILS OF DECEASED AND INSURED MEMBER / INSURED AFFILIATE MEMBER (cont'd)

If cause of death is due to **natural event (e.g: illnesses)**, please state:

(1) Date symptoms first presented (dd/mm/yyyy)

(2) Date of first consultation with doctor (dd/mm/yyyy)

(3) Names and addresses of all doctors / hospitals / clinics who attended the Deceased for this illness.

Name(s) of Doctor(s)	Name of Hospital(s) / Clinic(s)

(4) What symptoms did the Deceased suffered from before consultation with the above doctor / clinic / hospitals?

If cause of death is due to **accidental event (e.g. road traffic accident)**, please state:

(1) Date of accident (dd/mm/yyyy)

(2) Place of accident (dd/mm/yyyy)

(3) Time of accident

(4) Detailed description of accident

(5) Detailed description of injuries

SECTION B: CLAIMANT'S DECLARATION AND AUTHORISATION

I/We, hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information has been withheld nor any relevant circumstances omitted.

I/We declare that I/We am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We hereby authorise Singapore Life Ltd. to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the Deceased at any time and authorise the prior mentioned organisations to disclose all such information to Singapore Life Ltd. A photocopy of this authorisation shall be considered as effective and valid as the original.

Where applicable, I/we confirm that for the personal data of other individuals (provided in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:

- permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
- permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
- permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.

For and on behalf of myself, the Deceased and/or Insured Member/Insured Affiliate Member, I/we consent to Singlife disclosing and/or transferring my/our personal data to the Ministry of Defence ("MINDEF") or Ministry of Home Affairs ("MHA") as may be applicable or such other insurance entity selected by MINDEF or MHA for the purpose of facilitating and/or administering insurance coverage with the insurance entity.

For and on behalf of myself, the Deceased and/or Insured Member/Insured Affiliate Member, I/we confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

Signature of Claimant	
<input type="text"/>	
Name of Claimant	<input type="text"/>
Relationship with Deceased	<input type="text"/>
NRIC/FIN No.	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Contact No.	<input type="text"/>
Email	<input type="text"/>
Date (DD/MM/YY)	<input type="text"/>

Signature of Witness	
<input type="text"/>	
Name of Witness	<input type="text"/>
NRIC/FIN No.	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Date (DD/MM/YY)	<input type="text"/>