

DEATH CLAIM PROCEDURE

DOCUMENTS REQUIRED

1. Death Claim Form: Part I.
2. Death Claim Form: Part II Medical Report Form (report fee to be borne by Claimant).
3. Death Certificate (Please refer to Important Notes (c) below).
4. NRIC/Passport/Identity Document of the Claimant / Beneficiary(ies) / Nominee(s) / Trustee(s) / Assignee(s). (Please refer to Important Notes (c) below)
5. Proof of Relationship on Claimant / Beneficiary(ies) with deceased as follows:

<u>Claimant</u>	<u>Documents required</u> (Please refer to Important Notes (c) below)
Spouse	Marriage Certificate
Children	Birth Certificate of Claimant
Parent	Birth Certificate of deceased
Sibling	Birth Certificate of deceased and Claimant
6. Grant of Letters of Administration/Probate and Will, if available. (Please refer to Important Notes (c) below)
7. Copy of the bank book or bank statement stating account holder name and number must be provided if the selected payment method is direct credit or Telegraphic Fund Transfer.

Additional documents required if death was due to an Accident OR if death occurred overseas:

8. Police Investigation Report and/or Coroner's Certificate.
9. Post-Mortem Report and Toxicology Report or "Application For A Copy of an Autopsy/Toxicology Report" (from the Health Sciences Authority (HSA)). The "Application For A Copy of an Autopsy/Toxicology Report" is applicable only if the post mortem or toxicology test was done in Singapore.
10. Burial Cremation Documentation and Letter from ICA (Immigration and Checkpoint Authority) on the invalidation of Deceased's Singapore IC/Passport – if death occurred overseas.
11. Newspaper Clipping. (if any)
12. All documents that are not issued in Singapore must be authenticated by either i) the Singapore Embassy in the country of death, ii) Singapore Consulate or iii) Notary Public. (Please refer to Important Notes (c) and (d) below)

IMPORTANT NOTES

- (a) The Part I of the Claim Form must be completed by the person to whom the insurance is payable i.e. (a) trustee, (b) assignee (c) beneficiary or (d) personal representative. Please refer to point 4 above on documents required for proof of claimant's relationship with deceased. When a policy is payable to a minor, the Claimant's Statement must be completed by a parent or where applicable, the legal guardian. The copy of the minor's birth certificate or official certificate of appointment of the legal guardian must also be submitted. (Please refer to Important Notes (c) and (d) below).
All questions in the Claimant's Statement must be fully and truthfully answered. We reserve the right to require or obtain further information, if deemed necessary.
- (b) The Medical Report Form must be completed by the physician who attended to the deceased in his last illness or by the physician in the event of an accident. The medical report fee shall be borne by the claimant.
For Medical Reports obtained from hospitals, the Release of Medical Information Consent Form from the specific hospital to be used. Please refer to the respective hospital's website for details.
- (c) Copies of the Death Certificate, NRIC/Passport/Identity Document, 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 our Officers at AIA Customer Service Centre or a Singapore lawyer. Please note that the original documents have to be produced for certification.
- (d) 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.
- (e) All questions in Part I of the Claim Form must be fully answered. The Company reserves the right to require or obtain further information, if deemed necessary.

SUBMISSION OF DOCUMENTS

All claims required documents can be submitted to AIA Singapore. You may submit the claim application together with all of the requirement to AIA Singapore in any of the following way:

- By postal mail to AIA Singapore Claims Department at
AIA Singapore Claims Department
3 Tampines Grande #09-01
Singapore 528799
Attention: Claims Department (Individual Life & Health)
- Contact your servicing insurance adviser to assist you.

Submit your claim application in person at [AIA Singapore Customer Service Centres](#)

- Finlayson Green at **1 Finlayson Green, Singapore 049246**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays
- AIA Tampines at **3 Tampines Grande, Singapore 528799**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays



AIA SINGAPORE DEATH CLAIM FORM

PART I (to be completed by the Claimant)

A) POLICY DETAILS			
Policy Number(s):			
B) PARTICULARS OF DECEASED			
Name of Deceased:	Date of Birth (dd/mm/yy):	NRIC No. (If deceased is not a Singapore Citizen, please provide FIN/Passport No.) :	
Deceased's last address in Singapore:	Occupation:	Date last at work (dd/mm/yy):	
C) PARTICULARS OF CLAIMANT			
Name of Claimant:	Contact No.	Relationship to Deceased:	NRIC No. (If claimant is not a Singapore Citizen please provide FIN/Passport No.) :
Claimant's Address		In what capacity or by what title do you claim this assurance?	
D) DETAILS OF DEATH			
1. Country and Place of death. Please specify the name of hospital if death occurred in hospital.			
2. What is the date of death?	_____ / _____ / _____ (dd/mm/yy)		
3. What is the cause of death?			
4. Was the death due to self-destruction or self-inflicted injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Was a coroner's inquest held?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please enclose a certified true copy* of the Coroner's Inquiry Report		
6. Was an autopsy or post mortem done?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please enclose a certified true copy* of the Post Mortem or Toxicology Report		
E) OTHER INSURANCE			
1. Was the deceased insured with any other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete the following:		
	Name of Insurance	Date of Issue	Sum Insured (S\$)

** Copies of the document(s) may be certified to be true copies by our Officers at AIA Customer Service Centre or a Singapore lawyer. Please note that the original documents have to be produced for certification.*

AIA Singapore Private Limited (Reg. No. 201106386R)
AIA Singapore Claims Department, 3 Tampines Grande
#09-01, Singapore 528799



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F) PLEASE COMPLETE THIS SECTION IF DEATH WAS DUE TO NATURAL CAUSES (E.G. ILLNESS)

1. Please state the date deceased first complained of or gave other indication of his/her last illness.	_____ / _____ / _____ (dd/mm/yy)		
2. What symptom(s) did the deceased suffer from for his/her last illness?			
3. Please state the date deceased first consulted a physician for his/her last illness.	_____ / _____ / _____ (dd/mm/yy)		
4. Please state the names and addresses of all doctors who attended to the deceased during his/her last illness and 3 years prior to death:	Name & Address of Doctor(s)	Disease/Condition	Date of Consultation

G) PLEASE COMPLETE THIS SECTION IF DEATH WAS DUE TO AN ACCIDENT OR UNNATURAL CAUSES

1. Please state the date, time, place and country where the accident occurred.	Place & Country of Accident	Date of Accident (dd/mm/yy)	Time of Accident
2. Please describe and provide details on how the accident occurred.			
3. Was a police investigation carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enclose copy of report and complete the following :		
	Name(s) of Investigation Officer Charge		Police Station (Branch/Address)

H) PLEASE COMPLETE THIS SECTION IF DEATH OCCURRED OVERSEAS

1. Please state the date deceased left Singapore, the purpose and intended length of the visit overseas.	Date left Singapore	Purpose of Visit Overseas	Intended Length of Visit
2. Please state the name and address of the doctor who certified the death.			
3. Was the deceased cremated or buried overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide cremation/burial permit/documentation		

4. Letter from ICA (Immigration and Checkpoint) confirming the invalidation of Deceased's Singapore IC/Passport is enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I) TESTAMENT & FAMILY STATUS

1. Did the deceased leave a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please enclose a certified true copy* of the Last Will, if available.
2. Was a Grant of Probate or Grant of Letters of Administration applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please enclose a certified true copy* of the Grant of Probate / Grant of Letters of Administration, if available.
3. What was the deceased's marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

J) PAYMENT METHOD FOR CLAIM SETTLEMENT

Direct credit to Policy Owner's / Beneficiary's / Nominee's / Trustee's / Assignee's Singapore Dollars (SGD) bank account in Singapore as follows:
 (If the information is incomplete or if the payee is a joint trustees, a cheque will be issued)
 Note: A copy of the bank book or bank statement stating account holder name and number is required.

Name of Bank	Branch of Bank	Bank Account No.	Account Holder's Name

Cheque to be mailed directly to the Policy Owner / Beneficiary(ies) / Nominee(s) / Trustee(s) / Assignee(s)'s dispatch address

Cheque to be collected by Policy Owner / Beneficiary(ies) / Nominee(s) / Trustee(s) / Assignee(s) at AIA Customer Service Centre at

Finlayson Green

AIA Tampines

Cheque to be collected by AIA Singapore servicing insurance adviser for delivery to Policy Owner / Beneficiary(ies) / Nominee(s) / Trustee(s) / Assignee(s)

Name of insurance adviser: _____

Name of agency: _____

Contact number of insurance adviser: _____

Telegraphic Fund Transfer (For Policy Owner residing overseas)

Note: A copy of the bank book or bank statement stating account holder name and number is required.
 Remittance to overseas foreign account is subjected to AIA Singapore's approval.

Bank Account Number: _____

Name of Bank: _____

Address of Bank: _____

Country of Bank: _____

Swift Code: _____

Policy Owner's / Beneficiary's / Nominee's / Trustee's / Assignee's Contact Number: _____

Policy Owner's / Beneficiary's / Nominee's / Trustee's / Assignee's Address: _____

Name of Policy Holder / Claimant:

NRIC/FIN/Passport No.:

CLAIMANT'S AUTHORISATION & DECLARATION

1. I/We, acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") 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 or defenses.
2. I/We:
 - (a) hereby declare that I/we are duly authorized to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection with the claim and the Policy ("Information");
 - (b) declare that all Information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially;
 - (c) acknowledge and accept that AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the Information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and
 - (d) acknowledge and accept that AIA Singapore expressly reserves its rights to require or obtain further information as it deems necessary.
3. I/We hereby authorise, agree and consent to:
 - (a) persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA Singapore, its associated persons/organizations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);
 - (b) the AIA Persons sharing the scope of sub-clause
 - (c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
 - (d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and
 - (e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore.

4. I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.

I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Note: Please submit W-8BEN/W-8BEN E (whichever is applicable) and satisfactory documentary evidence to us. Documentary evidence includes government identity document (e.g. passport, ID card), tax certificate of residence, certificate of loss of nationality or ACRA equivalent.

By ticking the box on the left, I/we, notwithstanding anything contrary in this form, hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes. I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Note: Please submit W-9 form to us.

5. This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. A photocopy of this authorisation shall be effective and valid as the original.

Signature of Claimant

Date (dd/mm/yy)

Note: No fees, commissions or charges of whatever nature are payable to FSCs or employees of AIA Singapore in respect of this claim.



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Patient's Name:
 Patient's NRIC/Passport No./FIN No.:
 Policy Number:



PART II – MEDICAL REPORT FORM (to be completed by the Physician at claimant's expense)

A) DECEASED'S PARTICULARS (FROM HOSPITAL/CLINIC'S RECORD)			
Name of Deceased:		NRIC No. (If deceased is not a Singapore Citizen, please provide FIN/Passport No.) :	
B) DECEASED'S MEDICAL RECORDS			
1. Are you the deceased's usual medical physician?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 1a. If "No" please answer 1b.	
1a. Please state date of first consultation at your hospital/clinic.		_____/_____/_____(dd/mm/yy)	
1b. Please provide name and address of the deceased's regular doctor.		Name & Address of Regular Doctor	
2. Please provide the names and address of any other practitioners who had attended to the deceased during the past 3 years.		Name & Address of Doctor	Consultation Period Disease/Illness
3. Did you attend to the deceased's last illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 3a – 3d:	
3a. What were the symptoms presented?			
3b. Date symptoms first started		_____/_____/_____(dd/mm/yy)	
3c. What was the diagnosis?			
3d. Please provide treatment administered and the dates.		Treatment Administered	Date of Treatment
4. Have you treated the deceased for any other illness other than the last illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details:	
		Disease/Illness	Date of Consultation
5. Were you present when the deceased passed away?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please state the date that you last treated the deceased.	
		_____/_____/_____(dd/mm/yy)	



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AIA Singapore Private Limited (Reg. No. 201106386R)
 AIA Singapore Claims Department, 3 Tampines Grande
 #09-01, Singapore 528799

Patient's Name:
 Patient's NRIC/Passport No./FIN No.:
 Policy Number:



C) DETAILS OF DEATH	
1. What was the primary cause of death?	
2. What was the duration between the onset of the condition/illness and death?	
3. Please provide details of any other significant illness(es) that the deceased suffered from and the date of diagnosis.	Disease/Illness
	Date of Diagnosis
4. Was there any predisposing cause of the deceased's death in his/her habits (use of alcohol, narcotics, etc), family history, occupation or previous sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details:
5. Was the death of the deceased due to suicide, self-destruction or intentional self-inflicted injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details:
6. Was the cause of death due to an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 6a – 6d:
6a. Date & Time of Accident	Date : _____ / _____ / _____ (dd/mm/yy) Time: _____ a.m./p.m.
6b. Country & Place where the accident occurred.	
6c. Please describe how the accident occurred.	
6d. Please describe the injuries sustained by the deceased assured fully.	
7. Please provide any other information that you feel may be relevant.	
8. Will you agree and authorise us to release this medical information if such disclosure is required by Financial Industry Disputes Resolution Centre Ltd (FIDReC) of Singapore or any proper Government Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D) PHYSICIAN'S NAME & SIGNATURE	
Name of Physician : _____ MCR No : _____ Signature : _____ Date : _____	Address/Official Stamp: Name <div style="border: 1px solid black; height: 100px; width: 100%;"></div>