

# INVOLUNTARY LOSS OF EMPLOYMENT (ILOE) CLAIM PROCEDURE

## Documents Required

1. Involuntary Loss of Employment (ILOE) Claim Form
2. Original termination letter from employer stating reason(s) for termination
3. Copies of CPF statement showing last 15 months' contribution as well as cessation of regular contribution to Owner's CPF account for at least 3 months following commencement of ILOE and for subsequent months of premium waiver up to a maximum of 12 monthly premiums.
4. 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.

## Important Notes

- a. 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.
- b. All questions in the Claim Form must be fully answered. The Company reserves the right to require or obtain further information, if deemed necessary.
- c. The Claim Form must be signed using the same signature as in AIA Singapore's records.

## 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**  
**INVOLUNTARY LOSS OF EMPLOYMENT (ILOE) CLAIM FORM**

<b>Policy No. :</b>	<b>Name of Insured/Policy Owner :</b>	<b>Age :</b>	<b>This is a :</b>
	<b>NRIC/FIN/Passport No. :</b>	<b>Sex :</b>	<input type="checkbox"/> <b>New Claim</b> <input type="checkbox"/> <b>Further Claim</b>
<b>Mailing Address :</b>			<b>Insured/Policy Owner's Contact No. :</b>

**EMPLOYMENT PARTICULARS**

1. Name of Ex-employer	1.
2. Contact Person and Telephone No. of Ex-employer	2.
3. Any family relationship with the Ex-employer? If yes, please specify the relationship.	3.
4. If the answer to above question 3 is 'Yes', do you or the Ex-employer have any equity interest in the business? If yes, please specify the percentage.	4.
5. Title / Position before unemployment	5.
6. Exact nature of occupational duties before unemployment	6.
7. Date joined the ex-company	7.
8. Effective date of unemployment	8.
9. Reason for unemployment	9.
10. Type of ex-employment (Please circle) Full Time \ Part Time \ Contract basis \ Temporary \ Self-employed	



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

**PAYMENT METHOD FOR CLAIM SETTLEMENT**

Direct credit to Policy Owner'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's dispatch address in our record

Cheque to be collected by Policy Owner 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

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 accounts is subjected to AIA Singapore's approval.

Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Country of Bank: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Policy Owner's Contact Number: \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

**Please attach the following documents for our claim assessment:**

1. Original termination letter from employer stating reasons(s) for termination.
2. Original CPF statement showing last 15 months' contribution as well as cessation of regular contribution to Owner's CPF account for at least 3 months following commencement of ILOE and for subsequent months of premium waiver up to a maximum of 12 monthly premiums.



Name of Insured/Policy Owner:

NRIC/FIN/Passport No.:

**AUTHORISATION AND DECLARATION**

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 (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
- (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 PersonalData 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.

I/We 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.

I/We 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.

I/We further declare that I am/we are not under any kind of employment and not self-employed or an independent contractor.

This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. I/We agree that a photocopy of this authorisation shall be effective and valid as the original.

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Signature of Insured/Policy Owner

Name :

Date:

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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