
PARTICULARS OF POLICY

Policy Number

Sum Assured

Name Assured

Name of Life Assured

PARTICULARS OF DECEASED

Full Name

Date and Place of Birth

NRIC/Passport Number

Occupation

Last Singapore Address

Date Deceased Left Singapore

Intended Duration of Visit

Purpose of Visit

DETAILS OF DEATH

Exact Place of Death

Date and Time of Death

Address Abroad at Time of Death

Exact Cause of Death

ACCIDENT

How did the accident occur?

Who witnessed the accident? (Please give names and addresses)

Was a police investigation carried out? Yes / No

If 'Yes', please give name of the officer/station involved)

To which hospital was deceased taken?

Name and address of doctor certifying death.

Was there a post-mortem?

Was there an inquest?

ILLNESS

When was the deceased first taken ill?

Nature of illness.

Name and address of medical attendant during last illness.

Name of doctor certifying death.

BURIAL/CREMATION

Was the deceased buried or cremated?

Where did the burial or cremation take place?

What documentation was obtained to allow the burial or cremation to take place?

Name and address of two people, not related to the deceased, who were present at the burial or cremation.

PARTICULARS OF CLAIMANT

Full Name

Relationship to deceased

Address

OTHER POLICIES

Please give full details of all policies effected on the life of the deceased.

DECLARATION

I hereby declare that the foregoing are true to the best of my knowledge and belief.

Signature

Date

Address

WITNESS

Signature

Name

Occupation

Address