

## Death Claim Claimant's Statement

This form must be completed by the Executor, Administrator, Assignee or other Person submitting the Proof of Death.

**Important Note:** Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

### Required documents for claim submission:

1. Death Claim Claimant's Statement (all sections must be completed)
2. Clinical Abstract Application Form (3 copies)
3. Medical Attendant's Certificate (if death occurred overseas)
4. Death Certificate
5. NRIC of Claimant
6. Proof of Relationship (i.e. Marriage certificate for spouse, Birth certificate for children)

### CLAIMANT'S PARTICULARS

Full Name	<input type="text"/>	NRIC No	<input type="text"/>
Address	<input type="text"/>		
Contact No	<input type="text"/>	Occupation	<input type="text"/>
		Relationship to deceased	<input type="text"/>

### DECEASED LIFE ASSURED'S PARTICULARS

Full Name	<input type="text"/>	NRIC No	<input type="text"/>
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#### Method of Delivery for Claim Settlement:

Mail     Self Collection     Delivery by a Prudential Financial Consultant  
Name and Contact Number of Financial Consultant

### POLICY DETAILS

Please indicate the policy number which the claim is submitted for

#### Benefit Type

- Death Benefit

#### Policy Number(s)

### DECLARATION

I hereby declare that all information given by me in this form is, to the best of my knowledge and belief, true and complete. I hereby authorise Prudential Assurance Company Singapore (Pte) Limited ("Prudential") to:

- a) seek medical information from any doctor who, at any time, has attended to the life assured concerning anything which affects his/her physical or mental health;
- b) seek information from any insurance office to which a insurance proposal has been made; and
- c) seek information from any other sources (including employer, government authorities) in connection with this claim.

I understand and agree that Prudential should have full access to the information stated above and a photographic copy of this authorisation shall be as valid as the original.

Name & Signature of Claimant

Date

1) Name of the Life Assured in full - now deceased

2) Where did the deceased reside?

3) What was deceased's occupation at time of death?

4) When and where was the deceased born? (If age has not been admitted, a certificate of date of birth must be furnished).

5) When and where did deceased die?

6) What was the cause of deceased's death?

7) Has the death happened due to suicide?

Yes  No

8) How long was deceased ill?

9) Had deceased had any illness previously?  
If yes, please give details.

Yes  No

10) Who attended to the deceased as Medical Adviser?

11) Did the deceased leave a Will?

Yes  No

If yes, please state the name of the Executor. Please also enclose the last Will and NRIC of the Executor.

If no, please complete Q11 and Q12 below.

12)i) What was the deceased's marital status at time of death?

ii) Are there any surviving parents of the deceased?

Yes  No

If yes, please provide details.

iii) Please state number of surviving siblings of the deceased and their age.

13) Are there any surviving children of the deceased? Yes  No

If yes, please state the number of surviving children and their age.

14) Is there another policy in force on the life? If so, state the companies, amounts now due on death and dates of the policies.

15) Has the Life Assured or Claimant been bankrupt or insolvent or has either executed any deed or transfer for the benefit of Creditors since becoming interested in the Policy? Yes  No

If yes, please state the name of the bankrupt person and the year in which he/ she was declared bankrupt.

If discharged from bankruptcy, please provide the letter of discharge from the official assignee

### Declaration

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Claimant's Signature / Date

Name of Claimant (in Block Letters)

NRIC No. of Claimant

Occupation of Claimant

Address of Claimant (in Block Letters)

If interpretation is required for the completion of this form, please state **Name and NRIC NO. of Interpreter** in the box:

Contact Number of Claimant

Signature of Interpreter / Date