

DEATH CLAIM FORM

Important Notes

1. Please note that this form is to be completed by the executor, assignee, trustee, nominee or proper claimant, as the case may be.
2. Please note that, under the policy terms and conditions, 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.
3. The Company reserves the right to request for additional documents when deemed necessary.

1. DETAILS OF POLICY

Please list all policy numbers you are claiming for

2. DETAILS OF DECEASED LIFE ASSURED

Full Name				NRIC No.	
Address					
Date of birth	(DD/MM/YY)	Gender (M/ F)		Occupation	

3. CLAIM DETAILS

Date of Death	(DD/MM/YY)	Time of Death	AM / PM
Place of Death			
Country of Death			
Cause of Death			

Was the death due to suicide?

Yes / No

Was a post-mortem, toxicology or coroner's inquiry held?
If yes, please furnish us with a copy of the report.

Yes / No

4. DETAILS OF ILLNESS - Please complete this section if death was due to illness

Date when the deceased first consulted a doctor for this illness.	(DD/MM/YY)
Date when the deceased was first diagnosed with this illness.	(DD/MM/YY)

Please provide below, the details of all the doctors who had attended to the deceased:			
Name of doctor consulted	Address of doctor	Date first consulted for this illness	
Please provide the details of the deceased's regular doctor and company doctor whom deceased had consulted for minor ailments (e.g. flu, cough, fever), high blood pressure, high cholesterol, diabetes etc.:			
Name of doctor	Name and address of clinic/ hospital	Dates of consultation (DD/MM/YYYY)	Reason(s) for consultation
5. DETAILS OF ACCIDENT – Please complete this section if death was due to accident			
Date of accident	(DD/MM/YY)	Place of accident	
Please describe how the accident happened.			
Please describe the nature and extent of injuries sustained.			
Were there any eye witness(es) to the accident If yes, please provide details below:			Yes / No
Name of Witness(es)	Address/ Contact Number	Relationship with deceased, if any	
Was the accident reported to the police? If yes, please provide:			Yes / No
<ul style="list-style-type: none"> ▪ the name of police officer and police station at which the accident was reported; and ▪ a copy of the police report. 			

6. DEATH ABROAD – Please complete this section if death occurred outside Singapore

Date when deceased left Singapore

(DD/MM/YY)

Please state the purpose of the overseas visit

What was the intended length of visit

Was the deceased's body repatriated back to Singapore for cremation/ burial?
Please provide a copy of the letter from Immigration and Checkpoints Authority (ICA).

Yes / No

Please provide below, the name and address of the doctor certifying death:

Name of doctor

Address of doctor

7. TESTAMENT AND FAMILY STATUSDid the deceased leave a Will?
If yes, please provide us with a copy of the last Will and the Executor's particulars below:

Yes / No

Name of Executor

NRIC No

Address

Contact No.

What was the deceased's marital status

Single / Married / Separated / Divorced / Widowed

Please indicate the surviving family members of the deceased and their age:

Name

Relationship

Age

8. OTHER INSURANCE

Type of Plan	Name of Insurer	Effective Date	Sum Assured

9. DECLARATION OF BENEFICIAL OWNER (“BO”)

If the Beneficiary(ies) is a legal person (corporate entity) or legal arrangement (a trust, foundation or other similar arrangements), please submit a copy of the business registration document (e.g. ACRA) or its equivalent of Beneficial Owner(s).

If there is any corporate shareholder(s) that owns ≥25% of the beneficiary (entity), you are required to provide a copy of the business registration information (e.g. ACRA document) or its equivalent, down to the ultimate individual shareholder.

10. OTHER INFORMATION

Is the claimant a bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors?

Yes / No

If yes, please provide details:

10. METHOD OF DELIVERY FOR CLAIM SETTLEMENT (please tick the appropriate)

Mail to claimant's address		Self-collect by claimant	
Collect by Prudential Financial Consultant	(Name and contact No of Financial Consultant)	Mail to my Prudential Financial Consultant	

Name of Deceased Life Assured		NRIC No	
DECLARATION			
<p>1. I understand and agree that the submission of this form does not mean that my request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.</p> <p>2. I hereby declare that the information that is disclosed on this form is to the best of my knowledge and belief, true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted. I further acknowledge and accept that Prudential Assurance Company Singapore (Pte) Limited ("PACS") shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information disclosed on this form is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made.</p> <p>3. I hereby warrant and represent that I have been properly authorised by the policyholder and the applicable insured(s) to submit information pertaining to such insured's claims. Where the information provided is not my personal data, I warrant and represent that I have the consent of the Estate of the life assured to provide and disclose the life assured's personal data for the purpose of this claim.</p> <p>4. I acknowledge and accept that the furnishing of this form, or any other forms supplemental thereto, by PACS, 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 and defenses.</p> <p>5. I acknowledge and accept that PACS expressly reserves its rights to require or obtain further information and documentation as it deems necessary.</p> <p>6. For the purposes of (i) assessing, processing and/or investigating my claim(s) arising under the Policy or any of my other polic(ies) of insurance with PACS and such other purposes ancillary or related to the assessing, processing and/or investigating of such claim(s), (ii) administering the Policy, (iii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to PACS whether in relation to the Policy or any of my other polic(ies) of insurance with PACS, (iv) storage and retention, (v) meeting requirements of prevailing internal policies of PACS, and/or (vi) as set out in PACSPrivacy Notice ("Purpose"), I authorise, agree and consent to:</p> <p>a. Any person(s) or organisation(s) that has relevant information concerning the policyowner and the insured person(s) (including any medical practitioner, medical/healthcare provider, financial service providers, insurance offices, government authorities/regulators, statutory boards, employer, or investigative agencies) ("Person(s)/Organisation(s)") to disclose, release, transfer and exchange any information with PACS and its related corporations, respective representatives, agents, third party service providers, contractors and/or appointed distribution/business partners (collectively referred to as "Prudential") including without limitation, personal data, medical information, medical history, employment and financial information, including the taking of copies of such records; and</p> <p>b. Prudential collecting, using, disclosing, releasing, transferring and exchanging personal data about me, the policyowner and the insured person(s), with the Person(s)/Organisation(s), PACS's related group of companies, third party service providers, insurers, reinsurers, suppliers, intermediaries, lawyers/law firms, other financial institutions, law enforcement authorities, dispute resolution centres, debt collection agencies, loss adjustors or other third parties for the Purpose.</p> <p>7. Where any personal data ("3rd Party Personal Data") relating to another person ("Individual") (including without limitation, insured persons, family members, and beneficiaries) is disclosed by me or permitted by me to be disclosed in accordance with Clause 6 above, I represent and warrant that I have obtained the consent of the Individual for Prudential to collect and use the 3rd Party Personal Data and to disclose the 3rd Party Personal Data to the persons enumerated above, whether in Singapore or elsewhere, for the Purpose stated above and in PACS Privacy Notice.</p> <p>8. I understand that I can refer to PACS Privacy Notice, which is available at https://www.prudential.com.sg/Privacy-Notice for more information on contacting PACS for Feedback, Access, Correction and Withdrawal of using my/our personal data.</p> <p>I understand that if I am a European Union ("EU") resident individual (i.e. my residential address is based in any of the EU countries), I can refer to PACS Privacy Notice for more information on the rights available to me under the GDPR.</p> <p>9. I agree to indemnify Prudential for all losses and damages that Prudential may suffer in the event that I am in breach of any representation and warranty provided to me herein.</p> <p>10. I agree to receive communication on the claim by email, SMS and/or hard copies by post.</p> <p>11. I agree that this (i) Prudential shall have full access to the information stated in this form, and (ii) this authorisation and declaration shall form part of my proposed application for the relevant insurance benefits, and a photocopy of this form shall be treated as valid and binding as if it were the original.</p>			
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Date & Signature</p> </div>			
Name of Claimant		NRIC of Claimant	
Email Address		Contact No.	Country code Area code + Telephone no
Address		Country of Address	
Relationship to deceased		Date	(DD/MM/YY)

Details of Tax Residence(s)					
Country(ies)/Jurisdiction(s) of Tax Residence		Tax Identification Number ("TIN")	If no TIN available, tick (✓) the appropriate box: (Tick ONE only for each country/jurisdiction)		
			Reason A*	Reason B** [Proceed to section 3.2 if ticked (✓)]	Reason C***
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

**Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number.

***Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

3.2: Additional Information (Please complete if Reason B is selected (✓) and provide an explanation if you are unable to obtain a TIN or equivalent number)

1	
2	
3	

3.3: Clarification of Tax Residence Information

If the country indicated in your address/contact number is different from the country(ies) which you have disclosed as your tax residence(s), please provide your explanation below. Otherwise, please disregard this section and proceed to the Declarations.

Tick (✓) ONE* only:

* For EACH address/contact number which indicates a country which is different from your country of tax residence, please provide your explanation for each address/contact number in the box provided below.

- a) I am a student
- b) I am on a cultural / diplomatic purpose
- c) I am a housewife / dependant
- d) Others (Please provide explanation below and submit relevant supporting documents):

My address/contact number differs from the country of my tax residence because:

Section 4: Declarations

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all account(s) to which this form relates.

- a) I understand that the information supplied by me in this form is covered by the full provisions of the terms and conditions governing the policyholder's relationship with Prudential setting out how Prudential may use and share the information supplied by me.
- b) I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- c) I acknowledge that Prudential may be obliged to comply with or choose to have regard to, observe or fulfil the laws, regulations, orders, guidelines, codes, market standards, good practices, requests, requirements, or expectations of or agreements with public, judicial, taxation, governmental and other regulatory authorities or self-regulatory bodies in various jurisdictions (the "Authorities" and each an "Authority") as promulgated and amended from time to time (the "Applicable Requirements"). These Applicable Requirements include but are not limited to FATCA which the United States Internal Revenue Service has promulgated and the CRS. In this connection, I agree that Prudential may disclose my personal information (which shall include but are not limited to my nationality, date and place of birth, addresses, telephone numbers, tax status, tax identification numbers, tax residency changes or policy details) to any Authority and withhold payments otherwise payable to me under the policy as may be reasonably necessary to ensure Prudential's compliance or adherence (whether voluntary otherwise) with the Applicable Requirements
- d) I hereby consent to Prudential's, its officers', employees' and agents', collection, use and disclosure of my particulars or any information (which shall include my nationality, date and place of birth, addresses, telephone numbers, tax status, tax identification numbers, tax residency changes or details concerning the policy) to any Authority for the purpose of compliance with or adherence (whether voluntary or otherwise) to or otherwise in connection with the Applicable Requirements ("the Purpose") and/or I will be deemed to so consent when I provide Prudential, its officers, employees and agents, from time to time, with my particulars or any information when having been informed herein that my/our particulars or any information I provide may be collected, used and disclosed for the Purpose. Such disclosure may be effected by Prudential directly or sent and/or disclosed through any of its Head Office(s) or other related corporations or in such manner as it deems fit. For the purposes of the foregoing and notwithstanding any other provision in this form or any other
- agreements between us, Prudential may need me to provide further information as may be required for disclosure to any Authority and it may request that I provide the same to it within such time as may be reasonably required.
- e) I agree to update Prudential in a timely manner of any change of any detail previously provided to Prudential whether at time of application or at any other times. In particular, it is very important that I notify Prudential immediately if my nationality, date and place of birth, addresses, telephone numbers, tax status, tax identification numbers, tax residency or personal identification numbers change or if I become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, Prudential may request certain documents or information from me. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms or self-certifications.
- f) Notwithstanding any other provision in this form or any other agreements between us, I agree to provide Prudential with such assistance as may be necessary to enable it to comply with its obligations under all Applicable Requirements concerning me or the policies or any policy with Prudential where I am an Account Holder.
- g) If I do not provide or update Prudential with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete, I agree that some or all of the benefits under the policy of assurance may not be available to me. In particular, I consent to and agree that Prudential may, in order to ensure its ongoing compliance or adherence (whether voluntary or otherwise) with the Applicable Requirements, and to the extent permitted by law, terminate the policy and/or withhold payment of any amount due to me (or my personal representatives) under the policy as may be reasonably necessary to comply with the Applicable Requirements and/or deduct such amount from any policy moneys payable to me and/or pay the same to any relevant Authority as the relevant Authority or Applicable Requirements may require.
- h) I understand that Prudential and/or its representatives do not make any tax and legal representations and cannot assume any responsibility in respect of these matters. I will obtain my own tax and legal advice.
- i) **I acknowledge that the information I provide in this form will supercede any previous information which I have disclosed to Prudential with respect to all accounts for which I am an Account Holder**
- j) **I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete.**

Name of Signatory (according to NRIC/Passport)

Capacity of the signatory, if the signatory is not the Account Holder

- Parent/Legal Guardian
- Lasting Power of Attorney
- Others (Please specify _____)

Signature

Date (DD/MM/YYYY):