

UNEMPLOYMENT COVER/ RETRENCHMENT BENEFIT CLAIM FORM

Important Notes

1. 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.
2. The issue of this form is in no way an admission of liability. No claim can be considered unless the medical specialist report section is furnished at the expense of the claimant.
3. The Company reserves the rights to request for additional documents when deemed necessary.

SECTION 1

(To be completed by the Life Assured who is at least 18 years old or the Policyowner if the Life Assured is below 18 years old)

DETAILS OF POLICY

Policy Number(s) the benefit(s) you would like to claim:.

DETAILS OF LIFE ASSURED

Full Name					
NRIC / Passport No.		Date of birth		Gender	
Address					
Contact No.			Email address		
Occupation			Name and address of Employer		

TYPE OF CLAIM

1. Please tick the appropriate box for the benefit you are claiming.

- Unemployment cover
 Retrenchment benefit

DETAILS OF EMPLOYMENT

2. What was your occupation immediately prior to unemployment?

3. Were you: an employee		self- employed				
4. If employed, please state date of commencement of employment		DD		MM		YY
5. If self-employed, please state date of commencement of business		DD		MM		YY

6. How many hours do you work per week						hours	
7. If employed, please state the last date of your employment			DD		MM		YY
8. If self-employed, please state the date of cessation of business			DD		MM		YY
9. Please provide the reason(s) for termination of employment							
10. Have you commenced new employment?						Yes	No
If yes, please state date of commencement of employment			DD		MM		YY
11. Please provide the following details of your new employment (if employee) or new place of business (if self-employed).							
Name and Address of employer/ business		Contact number		Period of employment			
				to			
PAYMENT METHOD FOR CLAIM SETTLEMENT							
<p><u>PayNow (Default Payment Method)</u> Any amount payable (if any) can only be made to the Policy Owner and will be paid via transfer to your PayNow NRIC/FIN ID by default. Please ensure that you have signed up for PayNow with your bank by linking it to your NRIC/FIN. Terms and conditions apply (https://www.prudential.com.sg/PN-tnc).</p> <p>To register for PayNow. Log in to your bank's internet or mobile banking account > Sign up for PayNow > Link your PayNow to your NRIC/FIN.</p> <p>*Cheque will be issued for Policy Owners who do not have a valid Singapore NRIC/FIN or have opted out of PayNow as default in PRUaccess; payout recipient who is not the Policy Owner and Corporate entities.</p> <p><u>Direct Credit (Application Required)</u> If you do not wish to receive payment via PayNow (NRIC/FIN), you may choose to receive payments via direct transfer to the Policy Owner's bank account.</p> <p>Please fill in your bank details below and submit a copy of the Policy Owner's bank book or bank statement, stating the account holder's name and account number. We accept bank statements with the bank balances and transactions being blacked out, and truncated e-statements downloaded from the banks' mobile application, provided that the document shows the account holder's name and account number on the same page.</p>							
Name of Account Holder		Name of Bank			Bank Account Number		

Name of Life Assured:	NRIC / Passport No. of Life Assured:
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DECLARATION

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.
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 ("**Prudential**") 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.
3. I hereby warrant and represent that I have been properly authorised by the policyowner and the applicable insured(s) to submit information pertaining to such insured's claims.
4. I acknowledge and accept that the furnishing of this form, or any other forms supplemental thereto, by Prudential, 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.
5. I acknowledge and accept that Prudential expressly reserves its rights to require or obtain further information and documentation as it deems necessary.
6. I confirm that I have paid in full all the bill(s)/invoice(s)/receipt(s) that I have submitted to Prudential for reimbursement and have not claimed and do not intend to claim from other company(ies)/person(s).
7. I agree to produce all original bill(s)/invoice(s)/receipt(s) that were submitted for reimbursement to Prudential for verification as it deems necessary.
8. For the purposes of (i) assessing, processing and investigating my claim(s) arising under the Policy and such other purposes ancillary or related to the assessing, processing and investigating my claim(s) and administering of the Policy, (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to Prudential under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of Prudential, and (v) as set out in Prudential's Privacy Notice ("**Purpose**"), I authorise, agree and consent to:
 - 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)**") pertaining to this claim, to disclose, release, transfer and exchange any information to Prudential, its officers, employees, representatives or distribution partners, including without limitation, all personal data, medical information, medical history, employment and financial information, including the taking of copies of such records; and
 - b. Prudential, its officers, employees, representatives or distribution partners collecting, using, disclosing, releasing, transferring and exchanging personal data about me, the policyowner and the insured person(s), with any person(s) or organisation(s) listed in above, Prudential'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 assisting with my claim for the Purpose.
9. 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, I represent and warrant that I have obtained the consent of the Individual for Prudential, its officers, employees, representatives or distribution partners 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 Prudential's Privacy Notice.
10. I agree to indemnify Prudential for all losses and damages that Prudential, its officers, employees, representatives or distribution partners may suffer in the event that I am in breach of any representation and warranty provided to me herein.
11. I agree to receive communication on the claim by email, SMS and/or hard copies by post.
12. 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.

Date & Signature of Life Assured
(Policyowner to sign if Life Assured is below age 18 years)

Date & Signature of Policyowner

Name of Policyowner / Life Assured	NRIC / Passport No. of Policyowner / Life Assured	Relationship to Life Assured

Name of Life Assured	NRIC / Passport No. of Life Assured
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SECTION 2 EX-EMPLOYER'S REPORT

(To be completed by the Life Assured's ex-employer, if Life Assured was an employee)

Name of Employer		UEN No.	
Address of Employer			

Part I

1. Employee's full name			
2. Position held			
3. How many hours does the employee work per week	hours		
4. Was the employment on full-time or part-time basis	Full-time		Part-time
5. Was the employment on a permanent basis		Yes	No
6. If no, please provide details of the nature of employment or hours worked on a regular basis (e.g. contract worker, seasonal worker, free-lance worker, casual or temporary employee etc.)			
7. If the employment was on a fixed-term contract, please state:			
Period of contract		to	
Is the contract renewable yearly		Yes	No
Please state the date the contract was last renewed.		DD	MM YY
Was the employee under contract employment with the company for at least 12 consecutive months immediately prior to being unemployed?		Yes	No
If yes, please provide details with dates of the contract employment			

Name of Life Assured	NRIC / Passport No. of Life Assured
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8. Please state the reason for termination of employment.						
9. Were there any disciplinary or performance reasons for terminating the employment. If yes, please provide details.						
10. Was the termination voluntary? If yes, please provide details.						
11. Please state the date the employee was informed that redundancies or unemployment was being considered by the company.		DD		MM		YY
12. Please state the date the employee was first notified that he/ she may be unemployed.		DD		MM		YY
13. Please state the date when the employee last worked		DD		MM		YY
14. If the employee has received a payment in lieu of termination notice, what was the period of such payment				to		
15. Does the employee or member or his/ her family have effective financial control over the company from which the employment has been made redundant? Please provide details.						

I hereby declare that the information provided is true and complete and that no material information has been withheld.

Signature of company representative		Name of company representative		Date	
Designation		Contact no.	Company stamp		

Name of Life Assured	NRIC / Passport No. of Life Assured
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SECTION 2 ACCOUNTANT'S REPORT
 (To be completed by the Life Assured's accountant, if Life Assured was self-employed)

Name of Company	UEN No.
Address of Company	

Part I

1. Were the assets of the business sufficient to meet its debts and liabilities	Yes	No
2. Have accounts to cease the business been submitted to the authorities (e.g. Inland Revenue Authority of Singapore, Registry of Companies and Businesses). Please elaborate.		
3. Has the business' trading account been frozen?	Yes	No
If yes, since when?	DD	MM YY
4. Will further funds be advanced in respect of the business?	Yes	No
5. Please indicate the names, relationships and percentage of shares that the life assured or his relative had in the business.		
Name of shareholder	Relationship to Life Assured	Percentage held

I hereby declare that the information provided is true and complete and that no material information has been withheld.

Signature of company's accountant	Name of accountant	Date
Contact no.	Company stamp	