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. Prudential Assurance Company Singapore (Pte) Limited ("**PACS**") reserves the rights to request for additional documents when deemed necessary.
4. This form is required to be completed by the life assured and/ or the policy owner. Where it is necessary for the Next of Kin ("NOK") to sign on behalf of the life assured and/ or the policy owner, PACS will require additional information on the reason for this request and supporting documents to be submitted to our satisfaction to accept this request. If the life assured/ policy owner is deemed mentally incapacitated and/or there is any medical evidence and/or evidence of mental incapacitation, PACS will and/or may also require a court order or a Lasting Power of Attorney ("LPA") to be submitted for our assessment.

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		YYYY

5. If self-employed, please state date of commencement of business		DD		MM		YYYY
6. How many hours do you work per week						hours
7. If employed, please state the last date of your employment		DD		MM		YYYY
8. If self-employed, please state the date of cessation of business		DD		MM		YYYY
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		YYYY

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

Note:
1. All claim payments in Singapore Dollars (SGD) will be made via **PayNow (NRIC/FIN)** or **Direct Credit** only.
2. If no option is selected, payment will be made via **PayNow (NRIC/FIN)** by default.
3. For policies with **joint owners, joint trustees, or joint assignees**, **Direct Credit with joint bank account details is required**.
4. For **overseas payments** or payments in **foreign currencies**, please select **Telegraphic Fund Transfer**.

☐ **PayNow NRIC/FIN (Default Payment Method)**

- To ensure a smooth and timely payout, the PayNow account registered for this payment must be **linked to the NRIC/FIN**.
- Please submit a **copy of the Account Holder's NRIC or identity document**, showing the name and NRIC/FIN number.

To register for PayNow
1. Log in to your bank's internet or mobile banking account
2. Sign up for PayNow
3. Link your PayNow to your NRIC/FIN

☐ **Direct Credit**

Account Holder's Name	Name of Bank	Bank Account Number

- Please submit a copy of the **bank book or bank statement**, stating the **Account Holder's Name and bank account number**. We accept bank statements with balances and transactions blacked out, as well as truncated e-statements downloaded from the bank's mobile application, provided that the document shows the **Account Holder's Name and bank account number on the same page**.
- If the copy of the bank book or bank statement is not submitted, or the details cannot be verified, payment will be made via **PayNow (NRIC/FIN)** by default.

☐ **Telegraphic Fund Transfer**

Account Holder's Name	**Bank Account Number**	**Swift Code**
Currency Requested	**Name of Bank**	**Bank Address ****
Additional Information (If Applicable)***		

**Bank Address needs to include all relevant information e.g. Unit/Floor no., Building/Street Name, State Code & Country.
***Please provide a relevant code/number under the Additional Information column if currency is listed below.

- Please submit a copy of the **bank book or bank statement**, stating the **Account Holder's Name and bank account number**. We accept bank statements with balances and transactions blacked out, as well as truncated e-statements downloaded from the bank's mobile application, provided that the document shows the **Account Holder's Name and bank account number on the same page**.
- Charges incurred for **Telegraphic Fund Transfer requests** will be deducted from the payment amount.

Currency	**Additional Information (Code/Number)**
Australia Dollar (AUD)	BSB Code
Euro Dollar (EUR)	IBAN Code
Pound Sterling (GBP)	IBAN & Sorting Code
US Dollar (USD)	ABA Routing Number
India Rupee (INR)	IFSC Code

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

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 ("**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.
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 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.
5. I acknowledge and accept that PACS 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 PACS 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 PACS for verification as it deems necessary.
8. 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 PACS 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)**"), 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
   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.
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 or permitted by me to be disclosed in accordance with Clause 8 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.
10. 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. I understand that if I am an 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.
11. 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.
12. I agree to receive communication on the claim by email, SMS and/or hard copies by post.
13. 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 Life Assured	NRIC / Passport No. of Life Assured

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		YYYY

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
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		YYYY
12. Please state the date the employee was first notified that he/ she may be unemployed.		DD		MM		YYYY
13. Please state the date when the employee last worked		DD		MM		YYYY

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

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		YYYY

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	