

## UNEMPLOYMENT COVER CLAIM FORM

This form must 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

The issue of this form is in no way an admission of liability. No claim can be considered unless the medical examiner's report is furnished at the expense of the life assured.

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. Unemployment Claim Form (all sections must be completed)
2. Original retrenchment letter from employer
3. Original employment letter from employer

### LIFE ASSURED'S PARTICULARS

Full Name	<input type="text"/>	NRIC No	<input type="text"/>
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Contact No	<input type="text"/>
Occupation	<input type="text"/>		

### 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 you would like to claim.

#### Benefit Type

- Unemployment Benefit

#### Policy Number(s)

### DECLARATION

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

- a) seek medical information from any doctor who, at any time, has attended to the life assured concerning anything that affects his/her physical or mental health;
- b) seek information from any insurance office to which an insurance proposal has been made;
- c) seek information from any other sources (including employer, government authorities) in connection with this claim; and
- d) disclose information including medical information about me to other insurers, reinsurers or other third parties assisting with my claim, for the assessment of my 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 Life Assured or Policyowner if Life Assured is below 18 years old

Date

**PART I) To be completed by the Life Assured**

1. What was your occupation immediately prior to unemployment?

2. Were you:                    an employee?                     self-employed?

3. If: (a) Employed, date employment commenced:

(b) Self-employed, date trading commenced:

4. Please provide the following details of your last two employers (if an employee) or business (if self-employed) prior to unemployment :

Name & Address	Contact number	Period of employment / self-employment
		To
		To

5. How many hours per week did you work?

6. Date of your last day of: a. Employment:

b. Trading:

7. Please state the reason(s) for termination of employment.

8. Have you commenced new employment?  
If yes, state date of such commencement.

	DD		MM		YY
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9. Please provide the following details of your new employer (if an employee) or new place of business (if self-employed):

Name & Address	Contact number	Period of employment
		to

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- c) seek information from any other sources (including employer, government authorities) in connection with this claim; and
- d) disclose information including medical information about me to other insurers, reinsurers or other third parties assisting with my claim,

for the assessment of my claim.

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Signature of Life Assured

Date

**For the following sections: If you were an employee, please ask your employer to complete Part II only of the Claim Form. If you were self-employed, please skip Part II of this Claim Form and ask your Accountant to complete Part III.**

**PART II – To be completed by Life Assured’s Ex-employer**

1. Employee’s full name

2. Occupation

3. Date employment commenced :

4. How many hours per week did the employee work?

5. a. Was employment on a permanent basis?

b. If not, please provide details of the basis of his employment or hours worked on a regular basis (eg. contract worker, seasonal worker, free-lance worker, casual or temporary employee, etc)

6. If employment was on a fixed term contract, please state:

a. The period of the contract: From  To

b. Whether it is a yearly contract. Please elaborate.

c. Date when the contract with you was last renewed.

d. Was the employee under contract with you for at least 12 consecutive months immediately prior to being unemployed? If yes, please provide details with dates of such contractual employment.

7. a. What was the reason for the termination of employment?

b. Were there disciplinary reasons for terminating the employment? If yes, please provide details.

8. Was the termination voluntary? If yes, please give details.

9. What date was it made known that redundancies or unemployment was being considered by your company?

10. Please give the date that the employee was first notified that he would or might be made unemployed.

11. Date this employee stopped working:

12. If this employee has received payment in lieu of a termination notice, what was the period of such payment?

From

To

13. Does the employee or a member of his family have effective financial control over the company from which the employee has been made redundant? Please provide details.

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

Signature / Date

Name

Designation

Company Stamp & Address

Contact number

**PART III – To be completed by Life Assured’s Accountant**

1. Were the assets of the business sufficient to meet its debts and liabilities?

2. Have accounts to cease the business been submitted to the authorities (eg. Inland Revenue Authority of Singapore, Registry of Companies and Businesses)? Please elaborate.

3. Has the business’ trading account been frozen? If so, when?

4. Will further funds be advanced in respect of the business?

5. Please indicate the names, relationships and percentage of shares that the life assured or his relative had in the business.

Name	Relationship to Life Assured	Percentage

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

Signature / Date

Name

Designation

Company name & Stamp