

Dear Claimant

1. We are sorry to learn of the death of the life insured.
2. In order for us to process the claim, we require the following:
  - a. The **Death Claim Form**
  - b. Certified true copy of the Certificate of Registration of Death
  - c. Certified true copy of the Attending Physician's Statement [may be required]
  - d. The **original** Policy Document
  - e. Certified true copy of the NRIC(s)/BC(s)/Passport of Claimant(s)
  - f. Proof of relationship

Claimant	Documents Required
Spouse	Certified true copy of the Certificate of Marriage
Children	Certified true copy of the Certificate of Registration of Birth of Claimant
Parent	Certified true copy of the Certificate of Registration of Birth of Deceased
Sibling	Certified true copy of the Certificate of Registration of Birth of Deceased and Claimant
Nephew/Niece	Certified true copy of the Certificate of Registration of Birth of Deceased, Claimant and Claimant's parent (who is related to the deceased)
Assignee	Original Deed of Assignment and Certified true copy of NRIC / Passport of Assignee

3. If death was due to causes other than natural death, we require the following additional documents:
  - a. Certified true copy of the Police Report
  - b. Certified true copy of the Post Mortem Report
  - c. Certified true copy of the Toxicology Report (if any)
  - d. Certified true copy of the Coroner's Inquiry Report
  - e. Newspaper Clipping (if any)
4. Upon receipt of **ALL** the above required documents, we will endeavour to process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.
5. If you need any assistance, please contact our Client Services Officers at **6833 8188**

**Notes:**

- I. **For death which occurred overseas**, all foreign documents must be **certified** by the embassy of the country at death or Notary Public.
- II. If you are asking another party to handle the claim process on your behalf, an authorisation letter is required.
- III. All claim documents may be submitted personally at our office, or through your Representative or by post. If you submit the documents by post, please do NOT submit originals.

## DEATH CLAIM FORM

Policy No.:

Claim No.:  
(For official use)

**Notes:**

1. The issue of this form or any other form(s) does not represent any admission of liability by Manulife (Singapore) Pte Ltd ("Company") nor that the claim, if admitted, will be in your favour.
2. If this is a claim under a variable annuity, you will only need to fill in sections 1, 2, 3, 4, 10 and 11.

### 1. DECEASED'S PARTICULARS

Name of Deceased: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Occupation Before Death: \_\_\_\_\_

### 2. DETAILS OF DEATH

Date of Death (dd/mm/yyyy): \_\_\_\_\_ Place of Death: \_\_\_\_\_  
(Specify name of hospital if death occurred in hospital)

Cause of Death: \_\_\_\_\_

### 3. PROOF OF DEATH

(a) Was a post-mortem or autopsy carried out?  Yes  No  
(If "Yes", please provide us with the report.)

(b) Was any Coroner's Inquest held?  Yes  No  
(If "Yes", please provide us with the Coroner's Inquiry report.)

### 4. TESTAMENT AND FAMILY STATUS

(a) Did the deceased leave a Will?  Yes  No  
(If "Yes", please provide us with the Last Will.)

(b) Is there a surviving spouse?  Yes  No

If "Yes", please provide us the following details:

Name In Full	Age	NRIC / PP

(c) Is/Are there surviving child(ren)?  Yes  No

If "Yes", please provide us the following details:

Name In Full	Age	NRIC / PP / Birth Cert No

If "No", please state the surviving family members

Name In Full	Age	NRIC / PP / Birth Cert No	Relationship with deceased

**5. IF DEATH OCCURRED AS A RESULT OF AN ACCIDENT**

(a) Date of accident (dd/mm/yyyy): \_\_\_\_\_ (b) Time of accident: \_\_\_\_\_

(c) Place of accident: \_\_\_\_\_  
\_\_\_\_\_

(d) Please describe in detail how the accident happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Were there any eye-witnesses to the accident?  Yes  No

If "Yes", please provide the name(s) and address(s) of witness(es).

Name of Witness	Address	Specify Relationship with deceased, if so

(f) Was the accident reported to the police?  Yes  No

If "Yes", please provide us with the name of the police station at which the accident was reported and the police report. If "No", please provide reason why not.

\_\_\_\_\_  
\_\_\_\_\_

**6. IF DEATH OCCURRED AS A RESULT OF NATURAL CAUSES (EG. ILLNESS)**

(a) For his/ her illness(es), when did the deceased:

(i) first complain of illness(es): \_\_\_\_\_

(ii) first consult a doctor: \_\_\_\_\_

(b) Please provide the names of doctors who had attended to the deceased for his/ her illness (es) and the addresses of the respective hospitals/ clinics.

Name of Doctor	Name & Address of Hospital/ Clinic	Dates of Consultation (dd/mm/yyyy)

(c) What symptoms did the deceased suffer from before consultation with the above doctor/ hospital/ clinic?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) Did the deceased suffer from any other illnesses/ conditions?  Yes  No

**If "Yes", please provide us the following details:**

(i) Details of the illnesses/ conditions:

\_\_\_\_\_

\_\_\_\_\_

(ii) Since when has he/ she been suffering from such illnesses/ conditions? Please state the approximate onset.

\_\_\_\_\_

\_\_\_\_\_

(iii) Please provide the names and addresses of doctors whom he/she has consulted.

\_\_\_\_\_

\_\_\_\_\_

**7. IF DEATH OCCURRED AS A RESULT OF SUICIDE**

a) Date of incident (dd/mm/yyyy): \_\_\_\_\_ b) Time of incident: \_\_\_\_\_

c) Place of incident: \_\_\_\_\_

d) Was a police report made?  Yes  No

**If "Yes", please provide us the name of the police station where the suicide was reported. Please also provide us with the police report.**

\_\_\_\_\_

\_\_\_\_\_

**8. IF DEATH OCCURRED ABROAD**

- (a) Was the deceased cremated or buried?  Cremation  Burial

**Please state the documents that were obtained to allow the burial or cremation to take place. Please provide us these documents and the burial/ cremation permit.**

Please also state place of cremation/burial.

---

---

---

- (b) Please provide us the names and addresses of two people not related to the deceased, who were present at the burial or cremation where death occurred.

Name of Witness	Address

- (c) Please provide the name of doctor with the name and address of the hospital/ clinic who certified the death

---

---

---

**9. OTHER INSURANCE(S)**

Was the deceased insured with other insurance companies (whether in Singapore or overseas)?  Yes  No  
If "Yes", please provide the following details.

Name of Insurer	Policy Number	Effective Date (dd/mm/yyyy)	Type of Plan	Sum Assured	Claim Amount	Claim Notified

**10. CLAIMANT'S PARTICULARS**

(a) Name of Claimant: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship to the deceased: Assignee/ Policyowner/ Executor/ Administrator/ Spouse/ Parent/ Child/ Sibling/  
Nephew/ Niece/Others \* (please delete accordingly)

If Others, please specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(b) Name of Claimant: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship to the deceased: Assignee/ Policyowner/ Executor/ Administrator/ Spouse/ Parent/ Child/ Sibling/  
Nephew/ Niece/ Others \* (please delete accordingly)

If Others, please specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(c) Name of Claimant: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship to the deceased: Assignee/ Policyowner/ Executor/ Administrator/ Spouse/ Parent/ Child/ Sibling/  
Nephew/ Niece/ Others \* (please delete accordingly)

If Others, please specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(d) Name of Claimant: \_\_\_\_\_ NRIC/ Passport No: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Relationship to the deceased: Assignee/ Policyowner/ Executor/ Administrator/ Spouse/ Parent/ Child/ Sibling/  
Nephew/ Niece/ Others \* (please delete accordingly)

If Others, please specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## 11. DECLARATION AND AUTHORISATION

I/ We\* **declare** that all information/ answers given by me/ us\* in this form are, to the best of my/our\* knowledge and belief, accurate and complete.

I/ We\* **consent** to the Company seeking/ providing information about the deceased from/ to any medical source, insurance office, organisation or person, governmental organization and/ or regulatory body. A copy of this authorisation shall be as valid as the original.

### Signature of Claimant (a)

---

Name (as per NRIC):

Contact No:

Date (dd/mm/yyyy)

### Signature of Witness

---

Name (as per NRIC):

NRIC/ PP No:

Contact No:

Date (dd/mm/yyyy):

### Signature of Claimant (b)

---

Name (as per NRIC):

Contact No:

Date (dd/mm/yyyy)

### Signature of Witness

---

Name (as per NRIC):

NRIC/ PP No:

Contact No:

Date (dd/mm/yyyy):

### Signature of Claimant (c)

---

Name (as per NRIC):

Contact No:

Date (dd/mm/yyyy)

### Signature of Witness

---

Name (as per NRIC):

NRIC/ PP No:

Contact No:

Date (dd/mm/yyyy):

### Signature of Claimant (d)

---

Name (as per NRIC):

Contact No:

Date (dd/mm/yyyy)

### Signature of Witness

---

Name (as per NRIC):

NRIC/ PP No:

Contact No:

Date (dd/mm/yyyy):