

Dear Claimant

We are sorry to learn of the death of the Life Insured.

In order for us to process the claim, we require the following:

1. Completed Death Claim Form (to be completed by claimant)
2. Copy of Death Certificate (Certified True Copy required for overseas death)
3. Claimant Regulatory Tax Declaration Form (one per claimant)
4. Copy of the Owner's and/or Life Insured's (if different from Owner) NRIC/Passport
5. Copy of the Claimant's NRIC(s)/Birth Certificate(s)/Passport(s)
6. Copy of the Deceased Will (if any)
7. Declaration of Beneficial Ownership (for Trust Keyman Policies or if nominee is not a natural person e.g. organisation, society, etc.)
8. Proof of relationship with Life Insured

If Claimant is	Document(s) required
Spouse	<ul style="list-style-type: none"> ▪ Copy of Marriage Certificate
Child	<ul style="list-style-type: none"> ▪ Copy of Birth Certificate
Parent	<ul style="list-style-type: none"> ▪ Copy of Deceased's Birth Certificate
Sibling	<ul style="list-style-type: none"> ▪ Copy of Deceased's Birth Certificate ▪ Copy of Claimant's Birth Certificate
Nephew/Niece	<ul style="list-style-type: none"> ▪ Copy of Deceased's Birth Certificate ▪ Copy of Claimant's Birth Certificate ▪ Copy of Claimant's Parent's Birth Certificate

Additional documents required for accidental/unnatural death or for death occurred overseas

- a) Letter from Immigration and Checkpoint Authority (ICA). The letter is issued by ICA for Singaporeans or Permanent Residents who died overseas. It confirms receipt of the Singapore IC, passport and overseas death certificate
- b) Attending Physician Statement by last attending doctor (for overseas death)
- c) Repatriation Report (if body was repatriated to Singapore for cremation/burial)
- d) Certified true copy of Burial/Cremation documents (for overseas death)
- e) Copy of the Police Report/newspaper clipping (if any) if death was a result of accident/unnatural death
- f) Certified true copy of the Post Mortem/Toxicology Report (if any)
- g) Certified true copy of the Coroner's Inquiry Report (if any)

To avoid any delay in processing your claim, please ensure that all required documents are completed and submitted. We may require further information/document(s) from you in certain circumstances.

Notes:

- I. Original Death Certificate can be certified true copy by our Client Service Officers, your lawyer or any Notary Public (for death occurred overseas).
- II. All documents in foreign language must be translated to English (by Official Authority/Notary Public) before submitting to us.
- III. If you are asking another party to handle the claim process on your behalf, an authorisation letter is required.

Need Help?

Please contact your **Financial Representative** if you require assistance. Alternatively, you may email us at service@manulife.com or call our **Client Service Officers** at **6833 8188**.

Completed?

You may submit the completed and signed form with all relevant documents to us through any of the following modes:
Email – SGLife_Claims@manulife.com
Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424

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Claim No. _____

Doc ID CL102



Please note that...

1. The mere issue of this form or any other form(s) does not represent any admission of liability by Manulife (Singapore) Pte. Ltd.
2. This form is to be completed by the Claimant/Next-of-kin of deceased.
3. For Corporate Owner, please complete the Corporate Owner Certification Form.

1 POLICY INFORMATION

Policy Number(s)
✓ Please list all policy numbers you are claiming for

Full Name of Deceased

NRIC/Passport No. of Deceased

Mailing Address of Deceased

2 CLAIM DETAILS

A. Details of Death

1. Date of Death (DD/MM/YYYY) Time of Death AM/PM
2. Place of Death
3. Cause of Death
4. Was Death due to suicide? Yes No

B. Details of Illness

✓ Please complete this section if death was due to Illness

1. Date when the deceased first complain of the illness (DD/MM/YYYY)
2. Date when the deceased first have the symptoms (DD/MM/YYYY)
3. Date when the deceased first consulted a doctor (DD/MM/YYYY)
4. Please provide the name and address of doctor(s) who first attended to the deceased for the illness :

Name of Doctor	Address

5. Did the deceased suffer from any other illnesses/conditions
 No Yes *✓ Please provide the details below*

Illness/Conditions	Date first diagnosed	Name & Address of Doctor consulted

C. Details of Accident

✓Please complete this section if death was due to Accident

1. Date of Accident (DD/MM/YYYY)

2. Place of Accident (DD/MM/YYYY)

3. Please describe how the accident occurred.

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4. Please describe the nature and extent of injuries sustained.

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D. Proof of Death

1. Was a post-mortem or autopsy carried out?

No Yes ✓Please provide us with the report

2. Was any Coroner's Inquest held?

No Yes ✓Please provide us with the Coroner's Inquiry report

E. Testament and Family Status

1. Did the deceased leave a Will?

No Yes ✓Please provide us with a certified copy of the Last Will

2. What was the deceased's marital status at point of death?

Single Married Divorced Separated Widowed

3. Please state the surviving family members of the deceased and their age.

Name	Relationship	Age

F. Other Insurance

1. Are there any claims submitted or to be submitted to any other insurance company in respect of this death claim?

No Yes ✓Please provide the following details

Name of Insurer	Policy Number	Policy Effective Date	Sum Assured	Claim Notified
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

3 DECLARATION AND AUTHORISATION

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I/We confirm that I/we/the beneficiaries am/are not undischarged bankrupt(s), in winding up, receivership or judicial management and there are currently no pending or threatened bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us/the beneficiaries.
3. I consent to Manulife (Singapore) Pte. Ltd. seeking/providing information about the deceased Life Insured from/to any medical source, insurance office, organization or person, governmental organization and/or regulatory body for purposes reasonably required by Manulife to process and administer my claims ("Purpose"). A photocopy of this authorization shall be as valid as the original.
4. I/We further confirm that I/We have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"), and I/we hereby consent to the collection, use, disclosure and processing of my personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of the Manulife Statement from Manulife and/or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg.
5. I/We further authorize any person, organization, company, corporation, body and partnership, including but not limited to, any medical practitioner, health care provider or institution, insurance company, investigative agencies in Singapore or any other country, to release or exchange any information (including personal data or personal health information) to or with Manulife for the Purpose set out in this form.

Signature of Claimant

Name of Claimant Contact No.
NRIC/Passport No. Email
Relationship to Deceased Date (DD/MM/YYYY)

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)

Please note that...



1. Each Claimant is required to complete 1 Regulatory Tax Declaration form
2. If there is more than 1 Claimant, please complete 1 form for each Claimant
3. For Corporate Owner, please complete the Corporate Owner Certification Form.

1 CLAIMANT DETAILS

Policy Number(s)
✓ Please list all policy numbers you are claiming for

Full Name of Claimant

NRIC/Passport/Birth Certificate No./TIN No. **Contact No.**

Address

Relationship to Deceased

2 REGULATORY TAX DECLARATION

Tax Resident's Nationality **Tax Resident's Gender** Male Female

Tax Resident's Country of Birth

A. Foreign Account Tax Compliance Act (FATCA)

1. Are you a United States Citizen? Yes No
2. Are you a United States Resident? Yes No
3. Are you a United States Resident Alien (i.e. a so-called U.S. green card holder)? Yes No
✓ If any of the replies is Yes, please provide W-9 Form and skip questions 4 & 5. If No, please proceed to answer all questions.
4. Do you have United States taxpayer identification number (SSN/ITIN)? Yes No
SSN/ITIN:
✓ If Yes, please provide W-8BEN form.
5. Do you have United States address (residential/mailling/permanent), United States telephone number or were you born in United States? Yes No
✓ If you are born in the USA but not a US Tax Payer, please provide W-8BEN form and a copy of Loss of US Nationality/I-407.

B. Details of Tax Residency

Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency	Tick where applicable (You may tick more than 1)
1. I am a tax resident of Singapore	<input type="checkbox"/> <i>Please complete Section 2D (if required) and E</i>
2. I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> <i>Please complete Section 2C, D (if required) and E</i>

C. Details of Foreign Tax Residency(ies)

Please provide **ALL the Country(ies) (excluding Singapore)** in which you are a tax resident and the associated Taxpayer Identification Number.

Country/Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	Please tick one of the reasons* if you are unable to provide the TIN	If Reason B has been selected, please indicate why TIN is not available
1.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
2.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
3.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason:

- A. The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder is otherwise unable to obtain a TIN or equivalent number.
- C. No TIN is required. (Note: Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.)

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D. Clarification of Tax Residency Information

If the country of your residential/ mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies)/jurisdiction(s) of tax residency, please provide the reason below.

E. Acknowledgement of Tax Residency

I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I also agree to provide assistance to Manulife for it to comply with relevant tax regulations.

3 DECLARATION AND AUTHORISATION

Warning: Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and/or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported 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 I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I agree to notify Manulife (Singapore) Pte. Ltd. within 30 days of any errors, omissions or changes in the information provided in this form.

Signature of Claimant

Date (DD/MM/YYYY)

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