

Dear Claimant

We are sorry to learn of your disability.

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

1. Completed Disability Claim Form (to be completed by claimant)
2. Attending Physician's Statement (to be completed by your attending doctor)
3. Copy of the Owner and / or Life Insured's (if different from Owner) NRIC / Passport
4. Copy of Policy Owner's bank statement or passbook with name & account number if preferred payment is direct credit to a Singapore bank account, but an existing Electronic Fund Transfer (EFT) account has not been set up with us.
5. Copy of Proof of Relationship for Payor Benefit Rider
6. Declaration of Beneficial Ownership (for Trust / Keyman Policies) if share is above 25%
7. Copy of last 12 months of Central Provident Fund Statement / letter to show the last day of service prior to disability for Disability Advance Payment Plus (DAP+) benefit claim
8. Copy of Police report (if any)

Upon receipt of all the above required documents, we will 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.

If you need any assistance, please contact your Representative. Alternatively, you can email us at [service@manulife.com](mailto:service@manulife.com), or call our Client Service Officers at 6833 8188.

**Notes:**

- I. The fee for obtaining the Attending Physician's Statement shall be borne by the Life Insured / Owner.
- II. If you are asking another party to assist in the claim processing, an authorization letter is required.
- III. Please continue to pay the premium until the claim is approved.
- IV. If the policy has a nomination under section 73 of the Conveyancing and Law of Property Act, the proceeds will be payable to the trustee for the benefit of the beneficiary(ies).
- V. If the policy has a nomination under section 49L of the Insurance Act, the proceeds will be payable to the trustee of the policy for the benefit of the beneficiary(ies). If the sole trustee is the Owner, we are unable to make payment to the Owner. In this instance, the Owner can either appoint another trustee by using a prescribed form to receive the proceeds for the benefit of the beneficiary(ies) or give us instructions to make payment to each beneficiary for his / her share.

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**INTERNAL USE - FOR STAFF**

Claim No. ....

Doc ID CL-103 .....

**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 Owner.
3. A waiting period of 6 months from the date of disability must elapse before a disability claim will be considered.
4. For Corporate Owner, please complete the Corporate Owner Certification Form.

**Part 1  
POLICY INFORMATION**

**A. About the Policy Owner**

Policy number(s)	
Full name	
NRIC / Passport number	
Mobile	
Email	
Postal code	
Mailing address	

**Notes:**

- If your mailing address provided here is different from our records, we will only update it to your Manulife policies that are being considered for this claim. However, if you wish to apply this mailing address to **all** your Manulife policies, please tick the box below:  
 I wish to apply this mailing address to all my Manulife policies.
- Your mobile and email provided here will be updated as the latest (superseding any existing records), and will apply to **all** your Manulife policies.

**B. Life Insured's Details**

Full name (if different from Policy Owner)	
NRIC / Passport no. (if different from Policy Owner)	
Current employment status	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed
Current occupation / Job title	
Current employer's name	
Current employer's address	
Policy Owner's relationship with the Life Insured	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent

**Part 2  
CLAIM DETAILS**

**A. Details of Occupation**

1. Date you last worked ..... (DD/MM/YYYY)
2. List all the major duties of your pre-disability occupation  
 .....  
 .....
3. List the specific duties you are unable to do as a result of your disability  
 .....  
 .....

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**B. Details of Disability**

1. If the disability is due to illness, please provide the following details.
  - a. Diagnosis.....
  - b. Date when symptoms started .....  
(DD/MM/YYYY)
2. If the disability is due to an accident, please provide the following details.
  - a. Date of accident ..... Time of accident ..... AM/PM  
(DD/MM/YYYY)
  - b. Please describe how the accident occurred.  
.....  
.....
  - c. Please describe the injuries sustained.  
.....  
.....
  - d. Were there any eye witness to the accident?  
 No     Yes - **Please provide the following details**

Name of Witness	Address
  - e. Was the accident reported to the police?  
 No     Yes - **Please provide the following details and enclose a copy of the police report**

Name of Police Officer In-charge	Name of Police Station
3. Are you currently confined to:     Bed     House     Hospital     Neither  
 If yes, please state the period of confinement.  
 .....  
 If not confined, please describe briefly your daily activities.  
 .....  
 .....
4. Have you returned to work to resume full or light duties during the disability period?  
 Yes, full duties     Yes, light duties     No     Not Applicable  
 If yes, please provide the date returned to work .....  
(DD/MM/YYYY)

**C. Details of Medical Consultations**

1. Please provide the name(s) and address(es) of the doctor(s) you have consulted for this disability.
 

Name of Doctor	Address of Doctor
2. Please provide the name(s) and address(es) of your regular doctor(s).
 

Name of Doctor	Address of Doctor

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### D. Other insurance

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

## Part 3 TAX RESIDENCY SELF-CERTIFICATION (to be completed by Owner)

Tax Resident's Nationality ..... Tax Resident's Gender    Male    Female  
 Tax Resident's Country of Birth .....

### A. 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"/> Please complete Section 3C (if required) and D
2	I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> Please complete Section 3B, C (if required) and D

### B. 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.)

### C. 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.

.....

.....

.....

.....

### D. 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.

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**Part 4**  
**PAYOUT OPTION** (please tick 1 of the boxes below)

- If the policy owner ticked either PayNow or Electronic Fund Transfer (EFT), it will apply to all future payouts for all policies this claim qualifies for where you are the policy owner, and will supersede any existing payout instruction.
- For any claim payment to a non-policy owner, it will be settled by cheque.
- PayNow or EFT option will not apply to a policy that is subject to a trust created under Section 49L of the Insurance Act (Cap.142) or Section 73 of the Conveyancing and Law of Property Act (Cap 61).

 **PayNow**

- PayNow account registered with mobile numbers will not be eligible. (note: You may register or add your Singapore NRIC/FIN to the PayNow account via the “Manage PayNow” in your internet banking account or mobile banking application.)
- PayNow is only applicable for payout up to S\$200,000 to the policy owner’s Singapore bank account
- If PayNow transaction is unsuccessful, we will send a cheque to your mailing address as per our record.

 **Electronic Fund Transfer (EFT)**

- If you have an existing EFT set up for this policy, you just need to tick this option. No further action is required.
- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please fill in the table below, and submit a copy of bank statement OR bank passbook showing account holder’s name & account number.

Bank account number	
Bank name	

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner. If the requirements for EFT are not met, we will send a cheque to your mailing address as per our record.

 **Cheque to be sent to your mailing address as per our record**

- This is a one-time request and will be on a per claim submission basis. It will not replace any existing payout instruction (e.g. PayNow or EFT).

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**Part 5  
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 consent to Manulife (Singapore) Pte. Ltd. seeking / providing information about the 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.
3. I further confirm that I have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"), and I 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 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](http://www.manulife.com.sg).
4. I 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.
5. I confirm that I am not an undischarged bankrupt, 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.
6. I confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
7. Applicable for submission via Facsimile / Electronic Mail / online ("Electronic Services")  
I hereby authorize Manulife to carry out the above-mentioned policy transaction(s) on my Policy received via Electronic Services. I acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me or purported to be given by me. Manulife reserves the right to withhold or disallow the execution of instructions for verification or other purposes and shall not be liable for any losses incurred in consequence. I agree that Manulife shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services (including terminating the use of such Electronic Services) at all times. I understand that transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
9. I am aware that this form will not be effective until it is formally accepted by Manulife.
10. I agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my request and other related purposes only.

**Tax Residency Self-Certification 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).

- 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.
- 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 Owner**

**Name** .....

**NRIC/Passport** .....

**Date** .....  
(DD/MM/YYYY)

**Signature of Life Insured**  
(if different from Owner or Above 16 years old)

**Name** .....

**NRIC/Passport No.** .....

**Relationship to Owner** .....

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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](http://www.manulife.com.sg))

- Need Help?** Please contact your **Financial Representative** for further assistance. Alternatively, you may call our **Client Services Officers** at **6833 8188**, contact us via our website at [www.manulife.com.sg](http://www.manulife.com.sg), or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.
- Completed?** You may submit the completed and signed form with all relevant documents to us through any of the following modes:  
**Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**  
**Email – [service@manulife.com](mailto:service@manulife.com)**