

Dear Claimant

We are sorry to learn of the Life Insured's condition.

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

1. Completed Special Benefit Claim Form (to be completed by claimant)
2. Attending Physician's Statement (to be completed by your attending doctor)
3. Copy of the Policyowner and / or Life Insured's (if different from Owner) NRIC / Passport
4. All available Laboratory and Test Results (as specified in the Attending Physician's Statement)

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 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.

SBC-1018-2

**INTERNAL USE - FOR STAFF**

Claim No. \_\_\_\_\_

Doc ID **CL-104**


**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.
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 Life Insured .....

NRIC/Passport No. of Life Insured ..... Contact No. of Life Insured .....

Residential Address of Life Insured .....

Occupation .....

# 2 CLAIM DETAILS

## A. Type of Special Benefit

Please indicate the type of benefit you would like to claim by ticking the appropriate box.

### 1. Mum@myfuture Plan

- a)  Termination of Pregnancy
- b)  Stillbirth
- c)  Congenital Anomaly
  - Down's Syndrome
  - Spina Bifida
  - Tetralogy of Fallot
  - Neonatal Death
  - Oesophageal Atresia and Oesophago Tracheal Fistula
  - Hydrocephalus

### 2. Him@myfuture Plan

- a)  Prostate Cancer
- b)  Open Surgery for Kidney Stones
- c)  Liver Cancer
- d)  Lung Cancer

### 3. Her@myfuture Plan

- a)  Carcinoma-in-situ Benefit
  - Re-constructive Surgery Benefit
  - Major plastic surgery due to accidents
  - Skin transplantation due to accidental burning
- b)  Menopause Complication Benefit
  - Dilatation and Curettage
  - Hysterectomy

### 4. Kid@myfuture Plan

- a)  Kawasaki Disease
- b)  Rheumatic Fever with Valvular Impairment
- c)  Insulin Dependent Diabetes Mellitus (IDDM)
- d)  Osteogenesis Imperfecta
- e)  Haemophilia A and Haemophilia B
- f)  Leukaemia
- g)  Bone Marrow Transplant

### 5. Premier Lady Plan

- a)  Carcinoma-in-situ Benefit
- b)  Congenital Anomaly Benefit
  - Down's Syndrome
  - Spina Bifida
  - Tetralogy of Fallot
  - Neonatal Death
  - Oesophageal Atresia and Oesophago Tracheal Fistula
  - Hydrocephalus
- c)  Re-constructive Surgery Benefit
  - Major plastic surgery due to accidents
  - Skin transplant due to accidental burning
- d)  Pregnancy Complications
  - Disseminated Intravascular Coagulation
  - Ectopic Pregnancy
  - Hydatidiform Mole
  - Postpartum Psychosis
  - Stillbirth

**B. Details of Illness**

1. Describe in detail all symptoms and / or nature of Life Insured's illness.

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2. How long had the Life Insured been having these symptoms before he / she consulted a doctor?

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3. Date when Life Insured first consulted a doctor for these symptoms (DD/MM/YYYY)

4. If the consultation was for illness, describe fully the nature and extent of the Life Insured's illness.

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5. Has the Life Insured previously suffered from or received treatment for a similar or related illness?

No       Yes *✓ Please provide the details below*

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6. If you are claiming for Menopause Complication Benefit, please provide the cause of the claimed condition.

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6. If you are claiming for Re-constructive Surgery Benefit, please provide the following.

a) Reason for this re-constructive surgery.

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b) Date of the accident or assault. (DD/MM/YYYY)

c) Brief description of accident assault.

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d) Was a police report made?

No       Yes *✓ Please provide a copy of the Police report*

e) Description of the affected body part(s).

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### C. Details of Medical Consultations / Hospitalisation

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

Name	Address	Date of Consultation

2. Please provide the Hospitalisation details in connection with this illness (if any).

Name	Address	Date of Consultation

### D. General

1. Have any of the Life Insured's family members suffered from a similar or related illness?

No  Yes *✓ Please provide the following details*

Relationship of Relative	Nature of Illness	Date of Diagnosis

### E. Other Insurance

1. Are there any claims submitted or to be submitted to any other insurance company in respect of this critical illness 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 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"/> <i>Please complete Section 3C (if required) and D</i>
2. I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> <i>Please complete Section 3B , C (if required) and D</i>

## 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.

# 4 DECLARATION AND AUTHORISATION

- I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
- I consent to Manulife (Singapore) Pte. Ltd. seeking / providing information about the below-named 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.
- 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](http://www.manulife.com.sg).
- 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.

## 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

Signature of Life Insured

(If different from Owner or Above 16 years old)

Name .....

Name .....

NRIC/Passport No. ....

NRIC/Passport No. ....

Date .....

(DD/MM/YYYY)

Relationship to Owner .....

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