

# Death Claim Form

**IMPORTANT:**

Please refer to the instructions under **How to file a Death Claim** in page 4 before completing this form.

\*Copies of the document(s) may be certified to be true copies by our Executives at Zurich Life Customer Service Centre or a Solicitor. Please note that the original documents have to be produced for certification.

**PART 1 – CLAIMANT’S STATEMENT (to be completed by the Claimant)**

**Policy Number (s)**

**A) Particulars of Deceased**

Name of Deceased

NRIC / FIN or Passport No.

Gender

Marital Status

Date of Birth (ddmmyyyy)

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Resident at Time of Death (full address)

Date Last at Work (ddmmyyyy)

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Occupation

**B) Details of Death**

Date of Death (ddmmyyyy)

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Place of Death (city/state/country)

Cause of Death

Was the death due to self-destruction or self-inflicted

Yes  No

Was an Autopsy or Post Mortem done?

Yes  No

If “Yes”, please provide a certified true copy\* of the Post Mortem or Toxicology Report

Was a Coroner’s Inquest held?

Yes  No

If “Yes”, please provide a certified true copy\* of the Coroner’s Inquiry Report

**If Death was due to natural causes** (e.g. illness), please state:

1) Date Deceased FIRST complained of the illness (ddmmyyyy)

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2) What symptom(s) did the Deceased suffer from for his/her last illness

3) Date Deceased FIRST consulted a doctor for his/her last illness (ddmmyyyy)

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4) Name and address of all doctors who attended to the Deceased during his/her last illness and in the last 3 years

<u>Name &amp; Address of Doctor(s)</u>	<u>Reason for Consultation(s)</u>	<u>Date 1<sup>st</sup> &amp; Last Consulted</u>

**C) Please complete this Section if Death was due to Accident**

1) Date of Accident (ddmmyyyy) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									2) Time of Accident <table border="1"> <tr> <td></td> </tr> </table> a.m. / p.m.	
3) Place where the Accident occurred (city/state/country)										
4) Please describe and provide details on how the accident occurred.										
5) Was a police investigation carried out? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span> If "Yes", please provide copy of report and complete the following: <u>Name (s) of Investigation Officer-in-charge</u> <span style="margin-left: 150px;"><u>Police Station (Branch &amp; Address)</u></span>										

**D) Please complete this Section if Death occurred Overseas**

1) Please state the date Deceased left Singapore, the purpose and intended length of visit:										
Date Left Singapore (ddmmyyyy) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									<u>Purpose of visit overseas</u>	<u>Intended length of the visit</u>
2) Name and Address of doctor who certified the death										
3) Was the Deceased cremated or buried overseas? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span> If "Yes", please provide cremation/burial permit/documentation.										

**E) Particulars of Claimant**

Name of Claimant										
NRIC/FIN or Passport No.		Relationship to Deceased								
Date of Birth (ddmmyyyy) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									Gender	Martial Status
Claimant's Address		Contact No.								
Postal Code										
Email										
Has Deceased left a Will? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span> If "Yes", please provide a certified true copy* of the Last Will & Testament										
Who are the surviving Family members of the Deceased?										
In what Capacity or by what Title do you make the claim?										
Was the Deceased insured with any other companies? If "Yes", please provide the following details: <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span>										
<u>Name of Insurance Company</u>	<u>Date of Issue</u>	<u>Sum Assured (SGD)</u> <u>Claim Notified</u> <u>Claim Paid</u>								

**F) Claimant's Authorisation and Declaration**

- a) I/WE, acknowledge and accept that the furnishing of this form or of any other forms supplemental thereto, by Zurich Life Insurance (Singapore) Pte Ltd ("the Company") is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights or defences.
- b) I/WE:
  - (i) declared and agree that the information and answers given in this application, including this form, any medical reports and/or supporting documents, whether in my/our handwriting or not, are true to the best of my/our knowledge and belief and that no material facts (ie. facts likely to influence the assessment and acceptance of this claim) have been omitted or withheld;
  - (ii) acknowledge and accept that the Company shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and
  - (iii) acknowledge and accept that the Company expressly reserves its rights to require or obtain further information as it deems necessary.
- c) I/WE authorise any medical source, insurance office or other relevant organization, including but not limited to current and past employers and relevant government authorities, to release to the Company and the Company to release to any medical source, insurance office or other relevant organization, any relevant information concerning the policy owner, the deceased, me or ourselves, at any time, including all personal and medical information, medical history, consultations, prescriptions, treatment, services rendered and copies of all such information including hospital and medical data, records and reports and in so far as employment and financial information are related to the policy, claim or the assessment of such claim, such employment and financial information as necessary;
- d) I/WE acknowledge and agree that the Company should have full access to the information stated above and a photocopy of this authorisation shall be effective and valid as the original.

_____ Signature of Claimant

_____ Name of Claimant

_____ NRIC/FIN/PP No.

D	D

M	M

Y	Y	Y	Y

**INSTRUCTIONS**  
**HOW TO FILE A DEATH CLAIM**

**Documents Required:**

- 1) Death Claim Form: Part 1 – Claimant’s Statement
- 2) Death Claim Form: Part 2 – Physician’s Statement (to be completed by the attending physician who attended the deceased in his/her last illness or accident. Report fee to be borne by Claimant.)
- 3) Clinical Abstract Application Form (refer to Important Note (5) below)
- 4) Certified True Copy of Death Certificate
- 5) Copy of the NRIC/FIN or Passport of the deceased
- 6) Original Insurance Policy Contract(s)
- 7) Copy of the NRIC/FIN or Passport of the Claimant
- 8) Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of minor’s beneficiary)
- 9) Proof of Claimant’s relationship with deceased as follows (where applicable):

<b><u>Claimant</u></b>	<b><u>Documents required (Certified True Copy)</u></b>
Spouse	Marriage Certificate of Claimant
Children	Birth Certificate of Claimant
Parent	Birth Certificate of deceased
Sibling	Birth Certificate of deceased and Claimant

**Additional documents required if death was due to an Accident OR occurred overseas:**

- 10) Newspaper Clipping (if any)
- 11) Police Investigation Report
- 12) Coroner’s Inquest
- 13) Post Mortem and Toxicology Report
- 14) Burial Cremation Documentation
- 15) Letter from ICA (Immigration and Checkpoint) confirming the invalidation of Deceased’s Singapore IC/Passport – if death occurred overseas

**IMPORTANT NOTES**

1. If the Policy has been assigned, original Assignment Deed is required.
2. We reserve the right to pursue for any documents that are not mentioned above if they are deemed necessary. These said documents shall be in the forms as prescribed by Zurich Life Insurance (Singapore) Pte Ltd and shall be furnished at the expense of the Claimant(s).
3. All questions in the Claimant’s Statement must be fully and truthfully answered. We reserve the right to obtain further information, if deemed necessary.
4. The cost of the Physician’s Statement and/or medical evidence shall be borne by the Claimant.
5. For Physician’s Statement or reports to be obtained from hospitals, specific Clinical Abstract Forms may be used. Please refer to the respective hospital’s website for details. For clinics, please use Zurich Life Insurance’s Clinical Abstract Application Form.
6. All documents submitted must be in English. Any document that is not in English must be accompanied by an English translated copy of the document made by a certified translator/interpreter. In addition, a certificate stating the proficiency of the translator in the language being translated must also be submitted.
7. Copies of the document(s) may be certified to be true copies by our Executives at Zurich Life Customer Service Centre or a Solicitor. Please note that the original documents have to be produced for certification.

All claims required documents can be submitted to Zurich Life Insurance (Singapore) Pte Ltd through the Financial Advisors or Insurance Representative. Alternatively, you may submit the claim personally to our Customer Service Centre.