Manulife

DEATH CLAIM

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's Last Will (if any)
7. Copy of Letter of Administration/Grant of Probate (if any)
8. Declaration of Beneficial Ownership (for Trust/Keyman Policies or if nominee is not a natural person, e.g. organisation, society, etc.)
9. Proof of relationship with Life Insured

If Claimant is	Document(s) required
Spouse	Copy of Marriage Certificate
Child	Copy of Birth Certificate
Parent	Copy of Deceased's Birth Certificate
Sibling	Copy of Deceased's Birth Certificate Copy of Claimant's Birth Certificate
Nephew/Niece	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 Finalized Police report including any investigation notes 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. If the death occurred overseas, we will need the death certificate to be certified at the Singapore Embassy or Notary Public in Singapore or country of origin.

II. All documents in foreign languages must be officially translated to English by a certified translator/interpreter.

III. If you are asking another party to handle the claim process on your behalf, an authorisation letter is required.

Online submission

We encourage you to submit your claim to us via our online **eClaim platform** at **www.manulife.com.sg/en/self-serve/file-a-claim.html**. This will help us process your claim more swiftly. There is no need to complete this claim form if you are submitting the claim online.

Manual submission

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

Need Help

Please contact your **Financial Representative** if you require assistance. Alternatively, you may reach out to us through our Manulife Singapore website under Self Services and Claims > Contact Us.

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Manulife

DEATH CLAIM

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 (DD/MM/YYYY)	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** .....
3. **Please describe how the accident occurred.**

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

D. Proof of Death

1. **Was a post-mortem or autospy 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. You are advised that submission of the Last Will is required for our review, notwithstanding any revocable nomination that may have been effected.*

2. **Was a Grant of Probate or Letters of Administration applied?**

☐ No ☐ Yes ✓ *Please provide a certified true copy of the Grant of Probate or Grant of Letters of Administration.*

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

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

4. **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 (DD/MM/YYYY)	Sum assured	Claim notified
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

3 PAYOUT OPTION

Paynow is the default settlement option.

- Please ensure that you have registered for PayNow using your NRIC/FIN.
- 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.)
- If you do not have a Paynow account, please select one of the following:

☐ **Electronic Fund Transfer (EFT)**

- 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.

☐ **Telegraphic Fund Transfer**

Please refer to **https://www.manulife.com.sg/** under Self-Services and Claims > Manage policy payouts or withdrawals > Direct crediting to foreign bank account.

4 DECLARATION AND AUTHORISATION

1. I/We declare, represent and warrant that all answers, information and supporting documents given by me/us in/with this form are, to the best of my/our knowledge and belief, correct, true and complete; and no material information has been withheld nor omitted.
2. I/We consent to Manulife (Singapore) Pte. Ltd. ("Manulife") seeking/providing information about the life insured and this claim form from/to any medical practitioners, health care providers, insurers, organisations, investigation agencies, governmental organisations, regulators and any other parties in Singapore or any other country for purposes reasonably required by Manulife to process and administer my/our claims ("Purposes"). A photocopy or electronic copy of this authorisation shall be as valid as the original.
3. I/We 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"). I/We consent to the collection, use, disclosure and processing of my/our, and life insured's personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of Manulife Statement from Manulife and/or downloaded a soft copy of it from www.manulife.com.sg.
4. I/We agree that the personal data collected in this form and supporting documents will be used by Manulife for the purpose of complying with my request and other purposes reasonably required by Manulife to process and administer my/our claims.
5. I/We authorise any person, party, organisation, company, corporation, body and partnership, including but not limited to, any medical practitioners, health care providers, insurers, and investigative agencies in Singapore or any other country, to release, disclose or exchange any information (including personal data or personal health information) to or with Manulife for the Purposes.
6. I/We confirm that I/we am/are not an undischarged bankrupt, in winding up, receivership or judicial management and there is currently no pending or threatened bankruptcy or winding up proceeding, receivership or judicial management proceeding against me/us.
7. I/We authorise Manulife to assess the completed claim form and supporting documents received via electronic mail or online portal provided by Manulife ("Electronic Services"). I/We agree that Manulife is not responsible for verifying the authenticity of the instructions given or purported to be given by me/us. Manulife reserves the right (but not obliged) to suspend or disallow the claims processing for verification or other purposes as Manulife deems fit and shall not be liable for any losses incurred in consequence. I/We agree that Manulife shall not be liable for any losses arising from any submissions or 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 at all times. I/We understand that transmission of submissions or instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I/We 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 submissions or instructions (including where relevant, the use of the Electronic Services).
9. I/We am/are aware that this form will not be effective until it is formally accepted and approved by Manulife.

Signature of Claimant (next of kin or legal representative)	Bank's Authorised Name & Signatory (for policies with collateral assignment)

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)

Manulife

CLAIMANT REGULATORY TAX DECLARATION

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/mailing/permanent), United State 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**	☐ Please complete Section 2D (if required) and E
2.	I am a tax resident of **other country(ies)/jurisdiction(s)**	☐ Please complete Section 2C , D (if required) and E

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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.			☐ A ☐ B ☐ C	
2.			☐ A ☐ B ☐ C	
3.			☐ A ☐ B ☐ 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.)

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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