

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 Proof of Relationship for Payor Benefit Rider
5. Declaration of Beneficial Ownership (for Trust/Keyman Policies) if share is above 25%
6. Copy of last 12 months of Central Provident Fund Statement/letter to show the last day of service prior to disability
7. 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.

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) and the below documents will be required for verification:
 1. Copy of NRIC of trustee and beneficiary(ies)
 2. Proof of relationship of beneficiary(ies) and Policy Owner
- V. If the policy has a nomination under Section 49L/132 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.
- VI. All documents in foreign languages must be officially translated to English by a certified translator/interpreter.

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.

INTERNAL USE - FOR STAFF

Claim No.
 Doc ID

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 (including waiver of premiums 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	☐ Unemployed ☐ Employed ☐ Self-employed
Current occupation/Job title	
Current employer's name	
Current employer's address	
Policy Owner's relationship with the Life Insured	☐ Self ☐ Spouse ☐ Parent

**Part 2
CLAIM DETAILS****A. Details of Occupation**

	Before disability	After disability
a. Name of Employer:		
b. Date first day of work (in DD/MM/YYYY):		
c. Date last day of work (in DD/MM/YYYY):		
d. Position:		
e. Major duties:		
* Note: If the Insured is not working before disability, provide a list of daily activities before and after the disability.		

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.

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c. Please describe the injuries sustained.

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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.

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If not confined, please describe briefly your daily activities.

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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

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
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Part 3

PAYOUT OPTION

Paynow is the default settlement option.

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

☐ Electronic Fund Transfer (EFT)

- 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.

☐ 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.

Part 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 Owner

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

Name
NRIC/Passport No.
Date
 (DD/MM/YYYY)

Name
NRIC/Passport No.
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)