

Death Claim Form

Important

We're sorry to receive notice of the life assured's condition. In order for us to process your claim, please complete this claim form in full and submit the following documents.

Documents required

1. This Death Claim Form
2. Death Claim: Doctor's Statement
3. Consent Form
4. Death Certificate
5. NRIC/FIN/Passport of the claimants (certified true copy)
6. Copy of the NRIC/FIN/Passport of the deceased
7. Certified true copy of the Last Will and Testament of the deceased/Grant of Letters of Administration/Probate
8. Copy of NRIC/FIN/Passport of all the nominated beneficiary(ies), executor(s) and trustee(s) named in the Last Will And Testament Of The Deceased.
9. Proof of relationship of claimant/beneficiary(ies) with deceased (e.g. For spouse, please provide marriage certificate of claimant or for children, please provide birth certificate of claimant)
10. Copies of all medical reports, including laboratory test results, diagnostic report, biopsy and/or histopathology report, ultrasound report, coronary angiography, isotope studies imaging, CT scans, and relevant hospital reports that are available. Do note that the cost of obtaining any information, reports or documents will be borne by the claimant.
11. Any other documents that support the claim (e.g. Official certificate of appointment of the legal guardian if the beneficiary is a minor)
12. Copy of bank passbook/statement stating name of bank, name of holder(s) & bank account number must be provided if the selected payment method is direct credit or telegraphic fund transfer
13. FATCA and CRS Self-Certification Form

Additional documents required if death was due to an accident/unnatural causes or occurred overseas

1. Police investigation report
2. Coroner's Inquest Report
3. Post-Mortem Report and Toxicology Report
4. Letter from ICA (Immigration & Checkpoint Authority) for a Singaporean or Permanent Resident (PR) who died overseas confirming the invalidation of the deceased's Singapore NRIC/Passport and overseas death certificate invalidation of deceased's Singapore NRIC/Passport and overseas death certificate
5. Burial/cremation documentation (for overseas death)
6. Repatriation report (if body was repatriated overseas to Singapore for cremation/burial)

Important notes

1. Please note that the Death Claim Form is to be completed by the executor, assignee, trustee, nominee or proper claimant.
2. All documents that are not issued in Singapore must be authenticated by either i) the Singapore embassy in the country of death, ii) Singapore Consulate or iii) Notary Public.
3. These said documents shall be in the forms as prescribed and shall be furnished at the expense of the claimant(s).
4. 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.
5. All questions in this claim form must be fully and truthfully answered. The Company reserves the right to require or obtain further information, if deemed necessary.
6. The acceptance of this form is NOT an admission of liability on the part of FWD.
7. Please note that, under the policy terms and conditions, the policy may be void if any information provided in this claim form is made knowingly by you that it is materially false or misleading.
8. The Company reserves the rights to request for additional documents when deemed necessary.

Policy Number

Details of deceased

Name of deceased
(as shown in NRIC/FIN/Passport)

NRIC/FIN/Passport

Deceased's last address
in Singapore

Occupation

Name and address of employer

Detail of death

Date of death

Cause of death

Country/place of death
(please specify hospital
name if death occurred
in hospital)

Was the death due to
self-destruction or
self-inflicted injuries
(suicide)?

Was a post-mortem, toxicology
or coroner's inquiry held? Yes

No

If yes, please furnish us with a copy of report

If death occurred as a result of illness

Date deceased first presented
with symptoms of illness
(dd/mm/yyyy)

Date deceased first consulted
a doctor for the illness
(dd/mm/yyyy)

Date deceased was first
diagnosed with this illness
(dd/mm/yyyy)

**Please provide details of the doctor who attended to the deceased
for his/her illness**

Name of doctor

Address of doctor

Date of consultation & reason

Did the deceased suffer from any other illnesses/conditions?
If yes, name & address of doctor/date of consultation/reason

Please provide details of deceased's regular doctor(s) and company doctor(s)

Name of doctor

Address of doctor

Date of consultation & reason

If death occurred as a result of an accident or unnatural cause

Date & time where
the accident occurred

Place and country of accident

Please describe and provide details on how the accident occurred

Please describe the nature
and extent of injuries sustained

Was the accident reported to the police?
If "yes", please enclose a copy of the policy report

Yes No

Was there any eye-witness to the accident?
If "yes", please provide the name and address of witness

Yes No

Name

Address

Was there an inquest or post-mortem carried out?
If "yes", please submit a certified copy of post mortem report.

Yes No

If death occurred overseas

Was the deceased's body repatriated back to Singapore
for cremation/burial?

Yes No

If yes, please provide a copy of the letter from the ICA (Immigration & Checkpoints Authority)

Date the deceased
left Singapore

Purpose of visit

Length & intended length of stay

Overseas address

Testament and family status

Marital status at point of death

Who are the surviving family members of the deceased? (Name/Relationship/Age)

spouse

children

parents

siblings

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

Name

Relationship

Age

Did the deceased leave a will?

Yes

No

If yes, please provide us with a copy of the last will and the executor's particulars

Other insurance

Did the deceased have any other insurance policy?

Name of the other insurance company/type of plan/date of issue/sum assured

Are there any claims submitted or to be submitted to any other insurance company in respect of this death claim? If yes, please provide details

Other information

Has the deceased or the claimant been bankrupt or insolvent or executed any deed or transfer for the benefit of creditors since becoming interested in the policy?

Mode of payment

Once approved, your claim amount will be credited into your bank account. Kindly provide us with your bank account details.

Bank transfer

Cheque

Name of bank

Account holder's name

Account number

If you prefer to receive a cheque, kindly let us know.
Cheque (to be sent to the official address stated in the policy)

Declaration, Authorisation And Consent To Use Personal Data

1. I certify that the information provided in this form is true and complete and I have not withheld any material information that could affect this claim.
2. For the purposes of policy administration, which includes the processing and/or investigation of this claim, I hereby:
 - a. authorise any person or organisation who has relevant information on this claim, including but not limited to any medical practitioner, health care provider, clinic, hospital, insurance company and/or investigative agency, to release and exchange any and all information (including personal health information) requested by FWD Singapore Pte. Ltd. and/or its claims service providers;
 - b. authorise FWD Singapore Pte. Ltd. and/or its claim service providers to collect, use, disclose and/or exchange with such persons or organisations referred to in (a) above any and all relevant information (including personal health information); and
 - c. confirm that I am authorised to disclose information (including personal health information) about the insured person if this claim is made on his/her behalf.
3. I also give consent for FWD Singapore Pte. Ltd. to collect, use or disclose my personal data for audit, business analysis, reinsurance purposes and for the purposes set out in FWD's Privacy Policy, which can be found at www.fwd.com.sg.
4. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.
5. My signature below will signify my consent.

Signature of Claimant**Signed and declared in Singapore on**
(dd/mm/yyyy)**Name of Claimant****Relationship with Policyholder/Insured****Contact number****Email****Claimant's Address**