

Dependant Booster Benefit Claim Form

Important Notice

The acceptance of this form is NOT an admission of liability on the part of Income. Any documentary proof or report required by Income shall be furnished at the expense of the policyholder or claimant (depending on plan types). To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents within 30 days from date of occurrence.

Policy number(s)	Plan type	Claim number
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1. Please tick the relevant boxes, provide details of up to 4 Surviving Dependants, and submit the completed form with the required documents.
2. Please note that we may require further documentary proof if the documents submitted are not sufficient to prove relationship or survivorship.

I certify that the insured/deceased has the following surviving dependant(s):

Surviving Dependants	Documents Required
<input type="checkbox"/> Spouse Name _____ NRIC/Passport number _____ _____	1. Marriage certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's spouse
<input type="checkbox"/> Child (below age 21) Name _____ NRIC/Passport/Birth Certificate number _____ _____ _____ _____	1. Birth certificate of insured's child 2. NRIC and/or passport (non-Singapore citizen) of insured's child
<input type="checkbox"/> Father Name _____ NRIC/Passport number _____ _____	1. Birth certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's father
<input type="checkbox"/> Mother Name _____ NRIC/Passport number _____ _____	1. Birth certificate of insured 2. NRIC and/or passport (non-Singapore citizen) of insured's mother
<input type="checkbox"/> Father-in-law Name _____ NRIC/Passport number _____ _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or passport (non-Singapore citizen) of insured's father-in-law
<input type="checkbox"/> Mother-in-law Name _____ NRIC/Passport number _____ _____	1. Marriage certificate of insured 2. Birth certificate of insured's spouse 3. NRIC and/or passport (non-Singapore citizen) of insured's mother-in-law

Personal data use statement

By providing the information and submitting this form, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <https://www.income.com.sg/privacy-policy> and/or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward or parent) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide you with their personal data for this application or transaction.

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

1. I certify that the information in this form is true and complete and I have not withheld any material information.
2. I confirm that I understand and agree to the 'Personal data use statement'.
3. For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,
 - a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
 - b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
 - c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.
4. I consent to the transfer and disclosure, at any time and without notice or liability to me, of any medical information on the deceased life assured in the insurer's possession to the Central Provident Fund Board for:
 - a. the purpose of making a claim under the Dependant's Protection Insurance Scheme or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which the deceased life assured may be insured under; or
 - b. any purpose connected with the administration or operation of the accounts maintained by the Board for the deceased life assured under the Central Provident Fund Act (Chapter 36).
5. I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

To be completed if the claim for Dependant Booster Benefit is due to Terminal Illness or Total and Permanent Disability of the insured

Name and signature/thumbprint of policyholder (individual)	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature/thumbprint of insured who is 21 years old or above (if different from policyholder)	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature of claimant who is 21 years old or above (if the policyholder/insured does not have the mental capacity or is below 21 years old)	NRIC/Passport number	Date (dd/mm/yyyy)
Relationship to policyholder		

To be completed if the claim for Dependant Booster Benefit is due to the death of the insured

Name of deceased (as shown in NRIC)	NRIC/Passport number
Name of nominee/claimant/the legal personal representative of the policyholder	NRIC/Passport number
Relationship to deceased	
Address	
Contact number (Office) (House) (Hand phone)	
Signature/thumbprint	Date (dd/mm/yyyy)

To be completed by all Surviving Dependants named above		
Name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date (dd/mm/yyyy)
Name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date (dd/mm/yyyy)
Name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date (dd/mm/yyyy)
Name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC/Passport number	Date (dd/mm/yyyy)
Name and signature/thumbprint of the Surviving Dependant	NRIC/Passport/Birth Certificate number	Date (dd/mm/yyyy)
Name and signature/thumbprint of parent/legal guardian (if the Surviving Dependant is below 21 years old)	NRIC number	Date (dd/mm/yyyy)