

DEATH CLAIM FORM
IMPORTANT INSTRUCTIONS

AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386)

In ordinary cases, the proofs of death required are as follows:

1. STATEMENT No. 1 (POLICYHOLDER'S STATEMENT) has to be completed by an authorised officer of the policy holder.
2. A copy of the death certificate (to be signed by an authorised officer of the policyholder and affixed with the company stamp) must be submitted.
3. A copy of the latest payslip of the deceased must be submitted.
4. When an official inquiry as to the cause of death has been made, a copy of the verdict, or findings, duly certified must be furnished with this statement.
5. STATEMENT No. 2 (PHYSICIAN'S STATEMENT) must be made by every physician who attended the deceased during the last illness, and for this purpose the company will furnish as many Statement No. 2 forms as are required.
6. Every question must be distinctly and fully answered. The company reserves the right to require or to obtain further information should it be deemed necessary.
7. Instructions are found with each blank to be filled in the form. Each person required to answer the questions are requested to read carefully and understand the instruction before filling the form.



PROOFS OF DEATH SUBMITTED TO

AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

Corporate Solutions

3 Tampines Grande AIA Tampines #07-00 Singapore 528799 Fax: (65) 6538 5603 / 6538 4340 Email: sg.eb.claims@aia.com

DEATH CLAIM - POLICYHOLDER'S STATEMENT

Please read instructions before filling out this statement

PART I (To be completed by the Employer)

Name of Employer _____		Policy No. _____							
Name of Employee _____		NRIC/PP No. _____							
Date of Birth _____mm/____dd/____yy	Sex: M/ F	Plan Type _____	Marital Status: S/M						
Designation _____		Date of employment _____mm/____dd/____yy							
Number of policies in this company _____ _____		Amounts _____ _____							
Deceased's name in full:			Age:						
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">(a) Date and place of deceased's birth</td> <td style="width: 30%;">Date: _____</td> <td style="width: 40%;">Place: _____</td> </tr> <tr> <td colspan="3">(b) Source from which date of birth obtained (Family record or other record or certificate of birth should be referred to)</td> </tr> </table>			(a) Date and place of deceased's birth	Date: _____	Place: _____	(b) Source from which date of birth obtained (Family record or other record or certificate of birth should be referred to)		
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2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">(a) Date and place of death</td> <td style="width: 30%;">Date: _____</td> <td style="width: 40%;">Place: _____</td> </tr> <tr> <td colspan="3">(b) Cause of death</td> </tr> </table>			(a) Date and place of death	Date: _____	Place: _____	(b) Cause of death		
(a) Date and place of death	Date: _____	Place: _____							
(b) Cause of death									
3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">(a) When did the deceased first complain of or give other indication of his last illness?</td> <td style="width: 30%;">Date: _____</td> </tr> <tr> <td>(b) When did the deceased first consult a physician for his last illness?</td> <td>Date: _____</td> </tr> </table>			(a) When did the deceased first complain of or give other indication of his last illness?	Date: _____	(b) When did the deceased first consult a physician for his last illness?	Date: _____		
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(b) When did the deceased first consult a physician for his last illness?	Date: _____								
4.	Was the deceased in the full time employment (i.e. on the payroll) of the policyholder at the time of death?								
5.	If not, when was his/ her employment terminated?		Date: _____						
6.	When was the last day he/ she was actively at work?		Date: _____						
7.	Was an inquest or post mortem examination held on the body? If so, furnish certified copy of verdict or findings.								
8.	Names and address of all physicians who attended deceased during his last illness and during three years prior thereto:								
	Name	Address	Date of Attendance						
	_____	_____	_____						
	_____	_____	_____						
	_____	_____	_____						
9.	With what other companies, and for what amounts, was the life of deceased assured?								
	Companies	Policies Dated	Amounts of Assurance						
	_____	_____	_____						
	_____	_____	_____						

This undersigned hereby makes claim to said assurance in AIA Singapore Private Limited (AIA) ("the company" or "AIA Singapore") and agree that the written statements and affidavits of all the physicians who attended or treated the Assured and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental thereof, by said Company shall not constitute nor be considered an admission by it that there was any assurance in force on the life in question, nor a waiver of any of its rights or defenses.

I/We hereby authorise, agree and consent to:

- a. persons and organisations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organisations, my/our or the insured person's employers or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);



- b. the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;
- c. the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);
- d. the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, “**Using**”/“**Use**”) the Personal Data for the Purpose; and
- e. waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/we represent and warrant that the insured person(s) have granted me/us authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose.

Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, “**Purpose**” means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

Company's Stamp

Employer's Name/ Tel. No.

Employer's Signature

Date

AIA SINGAPORE PRIVATE LIMITED

Corporate Solutions

3 Tampines Grande AIA Tampines #07-00 Singapore 528799 Fax: (65) 6538 5603 / 6538 4340 Email: sg.eb.claims@aia.com

PHYSICIAN'S STATEMENT

Name of Deceased Life Assured:		
1.	(a) Please quote the deceased's identity card number from your record	
	(b) Place at time of death	
	(c) Occupation	
2.	(a) Were you the deceased's ordinary medical attendant?	
	(b) If so, for how long?	
	(c) If not, give the name of the usual attendant, if known to you.	
	(d) Give the names and addresses of any other practitioners who to your knowledge attended to the deceased during the past three years.	
	(e) Did you attend to the deceased during his/ her last illness? If so, for what complaint?	
	(f) On what date did you first see and treat the deceased?	
	(g) Were you present at the time of death? If not, on what date did you last treat the deceased?	
	(h) Have you treated the deceased for any other illness? If so, for what complaint and when?	
3.	(a) What was the primary cause of death and its duration?	
	(b) From what other significant disease did the deceased suffer and for how long?	
4.	For how long was the deceased hospitalised, confined to house or prevented from attending to business?	
5.	Was there any predisposing cause of the deceased's death in his/ her habits (use of alcohol, narcotics, etc.), family history, occupation or previous sickness?	
6.	Please give any other information you feel may be relevant.	
I hereby declare that the foregoing answers are each and all true to the best of my knowledge and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name: _____</p> <p>Signature: _____</p> <p>Professional Qualifications: _____</p> <p>Date: _____</p> </div> <div style="width: 45%;"> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>		