

**DEATH CLAIM FORM
HOW TO FILE A DEATH CLAIM**

Dear Claimant

We're sorry to receive notice of the death of our policyholder/life assured. To enable us to process your claim, please follow the instructions provided below:

IMPORTANT NOTES:

1. All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
2. All payment will be made via Direct Credit unless otherwise stated under the Payment Method section.
3. We reserve the right to pursue for any documents that are not mentioned above if they are deemed necessary.
4. The cost of the Doctor's Statement and/or medical evidence shall be borne by the Claimant(s).
5. All overseas documents must be certified by the Notary Public of the Country where Life Assured passed away.
6. All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
7. For policy with nomination, the death claim form should be completed by each of the nominee(s).

Documents Required:

1. Death Claim Form - to be completed by claimant/nominee(s)
2. Death Claim – Doctor's Statement (to be completed by the attending doctor who attended the deceased in his/her last illness or accident)
3. Certified True Copy of Death Certificate
4. Copy of the NRIC/FIN or Passport of the deceased
5. Copy of the NRIC/FIN or Passport of the claimant/nominee(s)
6. Copy of the NRIC/Passport/Birth Certificate of the surviving family members of the deceased
7. Certified True Copy of the Last Will and Testament of the deceased
8. Copy of NRIC or Passport of all the beneficiary(ies), Executor(s) and Trustee(s) named in the Last Will and Testament of the deceased
9. Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of minor's beneficiary)
10. Proof of Claimant's relationship with deceased as follows (where applicable):

| <u>Claimant</u> | <u>Documents required (Certified True Copy)</u> |
|-----------------|---|
| Spouse | Marriage Certificate of Claimant |
| Children | Birth Certificate of Claimant |
| Parent | Birth Certificate of deceased |
| Sibling | Birth Certificate of deceased and Claimant |

Additional documents required if death was due to an Unnatural / Accident OR occurred overseas:

11. Newspaper Clipping and police Report
12. Police Investigation Report
13. Coroner's Inquest
14. Post Mortem and Toxicology Report
15. Letter from ICA (Immigration and Checkpoint) for Singaporean or Permanent Residents (PR) who died overseas confirming the invalidation of Deceased's Singapore IC/Passport and overseas Death Certificate
16. Repatriation Report (if body was repatriated to Singapore for cremation/burial)
17. Burial / Cremation Documentation (required for overseas death)

Submission of documents:

All claim documents can be submitted personally to Our Customer Service Centre or through the Financial Adviser Representative or intermediaries or by Post to:

4 Shenton Way
#01-01 SGX Centre 2
Singapore 068807
Attn: Individual Life Claims

For Claims enquiries, you can also contact our Customer Service at (65) **6827 9933** or email us at cs_life@aviva-asia.com



DEATH CLAIM FORM

IMPORTANT:

1. Please read page 1 "How to file a Death Claim" before completing this form.
2. This form is to be completed by the executor/administrator, assignee, trustee, nominee or proper claimant as the case may be.
3. The acceptance of this form is **not** an admission of liability on the part of Aviva. Any documentary proof or report required by Aviva shall be furnished at the expense of the claimant/nominee(s).
4. Mobile number and email address provided under Page 7 of this form will replace our records accordingly.

| Details of Policy | | | | |
|--|--|----------------|------------------------|--|
| Please list all policy numbers you are claiming for | | | | |
| Details of Deceased Life Assured | | | | |
| Full Name | | | | NRIC / FIN / Passport/ Birth Certificate No. |
| Date of Birth | DD / MM / YYYY | Gender | | Marital Status |
| Occupation | | | | Date last at work DD / MM / YYYY |
| Name and address of employer | | | Residential address | |
| Details of Death | | | | |
| Date of Death | DD / MM / YYYY | Cause of Death | | |
| Place of Death | | | | Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was a post-mortem or autopsy carried out? If "Yes", please provide a copy of the report. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was a Coroner's Inquest held? If "Yes", please provide a copy of the Coroner's Inquiry Report. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the Deceased leave a Will? If "Yes", please provide a copy of the Last Will & Testament and copy of the NRIC/Passport of all the named trustee(s), executor(s) and beneficiaries. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was a Grant of Probate or Letters of Administration applied? If "Yes", please provide a certified true of the Grant of Probate or Grant of Letters of Administration and a copy of the NRIC/Passport of the Executor(s)/Administrator(s) and Trustee(s). | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Who are the Surviving Family Members of the Deceased? Please provide details below: | | | | |
| Name of Family Members | NRIC/Passport/Birth Certificate No. | Date of Birth | Address/Contact number | Relationship with Deceased |
| | | DD / MM / YYYY | | |
| | | DD / MM / YYYY | | |
| | | DD / MM / YYYY | | |
| | | DD / MM / YYYY | | |
| | | DD / MM / YYYY | | |

| Details of Death (continue) | | | |
|--|-----------------------------------|-----------------------------|------------------------------------|
| If cause of death was a result of illness, please state: | | | |
| (a) Date Deceased first presented with symptoms of the illness | | | DD / MM / YYYY |
| (b) Date Deceased first consulted a doctor for the illness | | | DD / MM / YYYY |
| (c) Please provide details of doctor(s) who had attended to the Deceased for his/her illness(es) below: | | | |
| Name and address of Doctor(s) | Date of consultation | Reason(s) for consultation | |
| | DD / MM / YYYY | | |
| | DD / MM / YYYY | | |
| Did the Deceased suffer from any other illness/conditions ? If "Yes", please provide the following: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name and address of Doctor(s) | Date of First consultation | Date of Last consultation | Reason(s) for consultation |
| | DD / MM / YYYY | DD / MM / YYYY | |
| | DD / MM / YYYY | DD / MM / YYYY | |
| Please provide details of Deceased's regular doctor(s) and company doctor(s) below: | | | |
| Name and address of Doctor(s) | Date of First consultation | Date of Last consultation | Reason(s) for consultation |
| | DD / MM / YYYY | DD / MM / YYYY | |
| | DD / MM / YYYY | DD / MM / YYYY | |
| If cause of death is a result of an Accident or Unnatural cause, please state | | | |
| Date & Time of Accident DD / MM / YYYY Time | | Place & Country of Accident | |
| Please describe and provide details on how the accident occurred. | | | |
| Was there any eyewitness to the accident? If "Yes", please provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of Witness | Address & Contact Number | | Relationship with Deceased, if any |
| | | | |
| | | | |
| Was a police investigation carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide copy of the police report and complete the following: | | | |
| Name of Investigation Officer-in-charge | Police Station (Branch & Address) | | |
| | | | |

Details of Death (continue)

In what Capacity or by what Title do you claim the Assurance? Please indicate your relationship with the Deceased:

Was the Deceased insured with other Insurance Company(ies)? If "Yes", please provide the details: Yes No

| Name of Insurance Company | Policy Number | Type of Plan | Date of Issue | Claim Amount | Claim Notified (Yes / No) |
|---------------------------|---------------|--------------|----------------|--------------|---------------------------|
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |

Payment Method Option – default payment method is direct credit to the bank details provided.

Direct Credit into my/our _____ bank account no. _____
Please provide a copy of your bank statement/bank book for account verification and a copy of NRIC/Passport of **all** bank account holders.

Otherwise, please tick (√) ONE of the boxes below to indicate your payment method option.

Cheque to be mailed directly to the claim recipients.

Cheque to be collected by Financial Adviser: Name of Adviser and Name of Firm

Declaration of Beneficial Owner

Note: This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form in our Aviva website www.aviva.com.sg.

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

"Legal person" means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

"Legal arrangement" means a trust or other similar arrangement.

| Declaration and Authorisation | | | |
|---|--|--------------------------|--|
| Name of Deceased | | Identity No. of Deceased | |
| <p>I/We, do solemnly and sincerely declare that the answers given to the above questions are true to the best of my/our knowledge and belief and that no material fact has been concealed from the Company and I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1835.</p> <p>I/We declared that I am/we are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/we have not assigned the Policy.</p> <p>I/We agree that:</p> <p>a) this claim signifies my/our consent to Aviva Ltd to obtain medical information from any doctor whom the deceased had consulted and I/We authorise the doctor to release such information to Aviva.</p> <p>b) Aviva may release any relevant information concerning the deceased (including medical information) to any third party, which Aviva deems necessary.</p> <p>c) any third party has received any information concerning the deceased may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the deceased (including medical information) to any other party for any purposes related to the deceased's application or my/our claim for the benefits.</p> <p>d) a photocopied copy of this form shall be treated as valid and binding as if it is the original.</p> <p>On behalf of myself and the deceased, I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing the deceased and my/our personal data (whether contained in this form or obtained from other sources; existing data in Aviva's record or to be collected in future) for the following purposes:</p> <p>a) to issue and administer the deceased and my/our existing and/or new policy(ies) and/or account(s) with Aviva and such other purposes ancillary or related to the administering of the policy(ies) and/or account(s), including the processing of my/our personal data for underwriting purposes, payment of premiums (including, where applicable, the deduction of premiums due from the Medisave accounts of the deceased) and/or claims purposes;</p> <p>b) for statistical, research, compliance, audit and regulatory purposes; and</p> <p>c) to provide general information on product enhancements and services relevant to my/our needs or policies (including increasing benefits, adding riders/supplements and/or the deceased) as well as to provide financial advice or product recommendations to me/us, where applicable.</p> <p>On behalf of myself and the deceased, I/We also consent to Aviva (and Aviva related group of companies) disclosing and transferring my/our personal data to (i) Aviva related group of companies and their respective third party service providers, reinsurers, suppliers and intermediaries; (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purpose and such other purposes as described in Aviva's Personal Data Protection Statement ("Statement").</p> <p>For a copy of the Statement and more information on Aviva's data protection policy and full details of the purpose of collection, use and disclosure of your personal data, please visit http://www.aviva.com.sg/pdpa.html</p> | | | |
| Signature / thumbprint | | Date DD/MM/YYYY | |
| Name of Claimant | | Mobile No. | |
| NRIC/FIN/PP No. | | Home/Office Tel No. | |

FATCA and CRS Self-Certification for Individual Account Holder

POLICY NO.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

IMPORTANT NOTES:

Regulations based on the Singapore Income Tax Act (Chapter 134), Foreign Account Tax Compliance Act (“**FATCA**”), OECD Common Reporting Standard (“**CRS**”) for Automatic Exchange of Financial Account Information require Aviva Ltd to collect and report certain information about an Account Holder’s tax residence. We may be legally obliged to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your policies, which may be shared between different countries’ tax authorities.

To help us collect this information, we need you to complete the questions and return this form to us. If your circumstances change and any of the information provided in this form becomes incorrect, please let us know by providing us with an updated self-certification form.

Every Account Holder should complete this form. For the purpose of this self-certification, an Account Holder may refer to the following person: Proposer (eventually the Policyholder), Sole Trader, Sole Proprietor, Controlling Person, Beneficial Owner, Assignee, Trustee, Beneficiary under a Trust, a Trust Nominee named under section 49L of the Singapore Insurance Act (Chapter 142) or Proper Claimant as defined under section 61 of the Singapore Insurance Act (Chapter 142). For joint or multiple Account Holders, please use a separate form for each Account Holder.

You can get the forms and information by visiting the following websites:

- FATCA www.aviva.com.sg/fatca
- CRS www.aviva.com.sg/CRS
www.oecd.org/tax/automatic-exchange/common-reporting-standard

If you’ve any questions on how to define your tax residency status, please speak to a professional tax adviser as we’re not allowed to give tax advice.

Where you need to self-certify on behalf of an Entity (which includes businesses, professionally managed trusts and partnerships), please complete the “CRS Self-Certification Form for Entity”. Similarly, if you are a Controlling Person of an Entity, please complete the “CRS Self-Certification Form for Controlling Person”. You can find these forms at www.aviva.com.sg/CRS.

Declaration of US Person Status under the Foreign Account Tax compliance Act (FATCA)

Please tick (✓) the box as appropriate.

I hereby declare and agree that **I do NOT have any US indicia** (i.e. a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US “in-care-of” or “hold mail” address) **and I am NOT a US person** for US federal income tax purposes and that I am not acting for, or on behalf of a US person.

I understand that Aviva Ltd, believing this statement to be true, will rely on it and act on it.

I hereby declare and agree that **I have one or more US indicia** – (please circle relevant US indicia identification as US citizen or resident; unambiguous indication of a US place of birth; current US mailing or residence address (including a US post office box); current US telephone number; standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or a US “in-care-of” or “hold mail” address) **but I/We am/are NOT a US person** for US federal income tax purposes and that I am not acting for, or on behalf of a US person.

I understand that Aviva Ltd, believing this statement to be true, will rely on it and act on it.

(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at <http://www.aviva.com.sg/fatca/resources-downloads.html>) and return to Aviva.

I hereby declare and agree that **I am a US person** for US federal income tax purposes.
(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at <http://www.aviva.com.sg/fatca/resources-downloads.html>) and return to Aviva.

I understand that Aviva Ltd is obliged to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds for cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year.

By signing on the claim form, I:

- (i) declare that the information provided above is correct;
- (ii) consent to the disclosure of personal data and information relating to the Policy, and Applicant/Trustee/Assignee/Claimant/Beneficiary to any governmental authority including the IRAS and/or IRS, and shall provide such personal data and information as may be required by Aviva Ltd from time to time to fulfil its contractual, legal and regulatory obligations;
- (iii) agree that if I fail or refuse after the request is made to provide such personal data or information, Aviva Ltd reserves the right not to proceed to process this claim, without being liable to the proper claimant whatsoever;
- (iv) will be responsible for my own tax liabilities and obligations within or outside Singapore, which may be due under or in connection with this claim or the Policy, and will seek such tax advice at my sole costs and expense;
- (v) declare that Aviva Ltd has not and will not provide me with any US tax compliance or planning advice and I will not hold Aviva Ltd liable whatsoever for any adverse tax consequences suffered by me as a result of this claim and/or the Policy;
- (vi) agree that if my tax status have changed to a US tax status and/or I have become US citizen or resident, I will notify Aviva Ltd within 30 days of the change.

Declaration of Tax Residency under the Common Reporting Standard (CRS)

I declare that: (please tick (✓) the box as appropriate)

I am solely a tax resident of Singapore and do not have a foreign tax residency. My Singapore TIN is my NRIC/FIN. Yes No

If your TIN is not your NRIC/FIN, please state it here: _____

I am a tax resident of other countries/Jurisdictions (include Singapore if applicable and provide details below) * Yes No

* Please provide below the list of **all** countries, including Singapore in which you are a resident for tax purposes and the associated tax identification numbers ("TINs").

| Country/Jurisdiction of Tax Residence | Tax Identification Number (TIN) | If TIN is not available, please tick (✓) Reason A, B or C | If B is selected, please explain why you are unable to obtain a TIN. |
|---------------------------------------|---------------------------------|--|--|
| | | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | |
| | | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | |
| | | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | |

Reason A – The country does not issue TINs to its residents

Reason B – Unable to obtain TIN or equivalent number. Please provide explanation on reason which you are not able to obtain or equivalent number.

Reason C – TIN is not required. (to be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

I declare and confirm the following:

- (i) the information provided for the purposes of CRS/tax regulation is correct and complete;
- (ii) I will inform Aviva Ltd within 30 days of any change in circumstances which affect my tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva Ltd a suitably updated self-certification form and declaration within 90 days of such change in circumstances; and
- (iii) I understand that the information that will be reported to the IRAS and any other tax authorities of another country is:
 - Name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth.
 - My account/policy number and that the account/policy is with Aviva Ltd.
 - The balance or value of the account/policy at the end of the calendar year or at the date the contract was closed.
 - The gross amount of interest, dividends, proceeds from sale or redemption or other amounts paid or credited to me or my account/policy during the calendar year.

Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).

| | | | |
|---|---------------|--------------------|-------------|
| Signature of Account Holder | | Date DD/MM/YYYY | |
| Name of Account Holder | | | |
| NRIC/FIN/Passport No. | Date of Birth | DD/MM/YYYY | |
| Residential Address | Country | | Postal Code |
| | | | |
| Mailing Address (if different from Residential Address) | Country | | Postal Code |
| | | | |
| Mobile No.* | Email * | | |

* **Note:** Mobile number and email address provided under this Section will replace our records accordingly.