

DEATH CLAIM - CLAIMANT'S STATEMENT

Dear Claimant

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

HOW TO FILE A DEATH CLAIM

Documents Required:

1. Death Claim Form: Section 1 – Claimant's Statement (to be completed by Claimant)
2. Death Claim Form: Section 2 – 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. Certified True Copy of the NRIC/FIN or Passport of the Claimant
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 nominated 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 (if any)
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)

IMPORTANT NOTES:

1. All questions in the Claimant's Statement must be fully and truthfully answered. We reserve the right to pursue for any documents that are not mentioned above if they are deemed necessary.
2. These said documents shall be in the forms as prescribed by Aviva Ltd and shall be furnished at the expense of the Claimant(s).
3. The cost of the Doctor's Statement and/or medical evidence shall be borne by the Claimant(s).
4. For Doctor's Statement or reports to be obtained from hospitals, specific Clinical Abstract Forms may be used. Please refer to the respective hospital's website for details. For clinics, please use Aviva's Clinical Abstract Application Form.
5. Copies of the document(s) may be certified to be true copies by Customer Service Executives at Aviva's Customer Service Centre or a Solicitor. Please note that the original documents have to be produced for certification. For death which occurred overseas, original Death Certificate and supporting documents can only 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. If the Policy has been assigned, original Assignment Deed is required.
8. All claims required documents can be submitted to Aviva Ltd through the Aviva's distributors. Alternatively, you may submit the claim personally to our Customer Service Centre.



DEATH CLAIM – CLAIMANT’S STATEMENT

IMPORTANT:

1. Please read page 1 “How to file a Death Claim” before completing this form.
2. Copies of the document(s) may be certified to be true copies by our Aviva’s Distributor or Customer Service Executives at Aviva’s Customer Service Centre or a Solicitor. Please note that the original documents have to be produced for certification.

SECTION 1 – To be completed by the Claimant

POLICY NUMBER(S):			
1) Name of Deceased			
NRIC/FIN/Passport/BC No	Gender	Date of Birth (dd/mm/yyyy)	Marital Status
2) Date of Death (dd/mm/yyyy)		3) Place of Birth of Deceased	
4) Cause of Death		5) Place of Death	
6) Resident at time of Death		7) Occupation of Deceased	
8) Was the Cause of Death Work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		9) Name and address of employer	
10) If cause of death is 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 doctors who had attended to the Deceased for his/her illness(es) below:			
Name and address of Doctor(s)		Date of consultation (dd/mm/yyyy)	Reason(s) for consultation
11) Did the Deceased suffer from any other illness/conditions? If “Yes”, please provide: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name & Address of Doctor consulted	Date of First Consultation (dd/mm/yyyy)	Date of Last Consultation (dd/mm/yyyy)	Reason(s) for Consultation

12) If cause of death is a result of an Accident or Unnatural cause, please state				
a) Date & Time of Accident		b) Place & Country of Accident		
c) Please describe and provide details on how the accident occurred.				
d) Was there any eye-witness to the accident? If "Yes", please provide the name(s) and address(es) of witness(es).				<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Was a police investigation carried out? If "Yes", please provide copy of report and complete the following: <u>Name of Investigation Office-In-Charge</u> <u>Police Station (Branch & Address)</u>				<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Was the death due to Self-Inflicted (e.g. suicide)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Was a Post-Mortem or Autopsy carried out? If "Yes", please provide a certified true copy of the report				<input type="checkbox"/> Yes <input type="checkbox"/> No
15) Was a Coroner's Inquest held? If "Yes", please provide a certified true copy of the Coroner's Inquiry Report				<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Did the Deceased leave a Will? If "Yes", please provide: (a) a certified true copy of the Last Will & Testament; and (b) a copy of the NRIC/Passport of all the named beneficiary(ies) and the Executor(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Was a Grant of Probate or Letters of Administration applied? If "Yes", please provide: (a) a certified true copy of the Grant of Probate or Grant of Letters of Administration; and (b) a copy of the NRIC/Passport of all the Executor(s)/Administrator(s) and Trustee(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No
18) 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 (dd/mm/yyyy)	Address and Contact Number	Relationship with deceased

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

20) Is the Deceased insured with other Insurance Company? If "Yes", please state: Yes No

Name of Insurance Company	Type of Plan	Date of Issue (dd/mm/yyyy)	Claim Amount	Claim Notified

DECLARATION ON BENEFICIAL OWNER (please tick (√) the box as appropriate)

I/We declare that:

- there is no beneficial owner under this Policy.
- there is/are beneficial owner(s) under this Policy. (If you tick this box, please complete the table below*.)

*The following person(s) is/are the beneficial owner(s). A copy of each of the identity card(s)/passport(s) of the beneficial owner(s) is enclosed.

Name	NRIC/FIN/Passport No.	Relationship with Policyholder

"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 include any person who exercises ultimate effective control over a legal person or legal arrangement.

DECLARATION AND AUTHORISATION

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.

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 to any other party.

I/We further hereby consent to AVIVA LTD seeking information from any hospital, physician, person or organisation that may be required regarding the abovenamed deceased and I/we authorize the giving of such information to Aviva Ltd. A photocopy of this authorization shall be considered as effective and valid as the original.

I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva Ltd related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

I/We confirm that I/we have read and agree to the terms of the Aviva Data Protection Policy (as amended, supplemented or substituted by Aviva from time to time) at <http://www.aviva.com.sg/pdpa.html>.

Signature / thumbprint	Date (dd/mm/yyyy)
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Name of Claimant	Mobile No.
NRIC/FIN/PP No.	Home Tel No.

FATCA and CRS Self-Certification for Individual Account Holder

POLICY NO.

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IMPORTANT NOTES:

Regulations based on the Singapore Income Tax Act (Chapter 134), Foreign Account Tax Compliance Act ("FATCA"), OECD Common Reporting Standard for Common Exchange of Financial Account Information ("CRS") require Aviva Ltd to collect certain information about an Account Holder's tax residence. We are required to give this information to the Internal Revenue Authority of Singapore (IRAS), together with information relating to your policies, which may be shared with tax authorities of other countries.

To help us collect this information, we need you to complete the questions and return this form to us. We will use the information provided to update our records accordingly.

Every Account Holder should complete this form. For the purpose of this self-certification, an Account Holder may refer to the following person: Individual, 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.

Please submit W-8BEN/W-8BEN-E Form (whichever is applicable) together with documentary evidence includes government identity document (eg Passport, ID card (for individual) or Certificate of Incorporation (for corporation), tax certificate of residence, certificate of loss of nationality or its equivalent, etc).

I hereby declare and agree that **I am a US person** for US federal income tax purposes. Please submit W-9 Form.

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:

- declare that the information provided above is correct;
- 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;
- 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;
- 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;
- 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;
- 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 note you can tick (√) more than one box)

I am a tax resident in Singapore * Yes No

I am a tax resident of other Jurisdictions * 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 of Tax Residence	TIN	If TIN is not available, please select one of the reasons ^ below

^ Reasons why TIN is not available.

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

Reason B – Unable to obtain TIN or equivalent number. Please tell us why in the box below:

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Reason C – TIN is not required. (Note: 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 policy number and that the policy is with Aviva Ltd.
 - The balance or value of the 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 policy during the calendar year.

Signature of Account Holder	Date (dd/mm/yyyy)
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Name of Account Holder			
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NRIC/FIN/Passport No.	Date of Birth (dd/mm/yyyy)		
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Residential Address		
	Country	Postal Code

Mailing Address (if different from Residential Address)		
	Country	Postal Code

Mobile No.	Email
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