

## DEATH CLAIM FORM

Dear Claimant

We are sorry to learn of the death of the Life Insured.

In order for us to process your claim, please provide the following required documents:

- i. Completed Claimant's Statement
- ii. A copy of the Death Certificate; a Certified True Copy of the Death Certificate is required if it was issued outside Singapore
- iii. FATCA & CRS Self-Certification Form to be completed by the Claimant/ Nominee(s)/ Executor(s), or Trustee(s)
- iv. A copy of the NRIC or Passport of the Claimant/ Nominee(s)/ Executor(s), or Trustee(s)
- iv. Certified True Copy of the Deceased's Will (where applicable)
- vi. Proof of Relationship with the Life Insured (see page 2)

If the Life Insured passed away outside Singapore, from unnatural causes or an accident, please also provide:

Death outside Singapore	Unnatural or accidental death
<ol style="list-style-type: none"> <li>i. Letter issued by Immigration and Checkpoint Authority for Singapore citizens and permanent residents who died overseas.</li> <li>ii. Doctor's Statement by last attending doctor</li> <li>iii. Repatriation Report if the body was repatriated to Singapore for burial or cremation</li> <li>iv. Certified true copy of Burial or Cremation documents</li> </ol>	<ol style="list-style-type: none"> <li>i. Copy of the Police Report or newspaper clipping (where available)</li> <li>ii. Certified true copy of the Post Mortem/ Toxicology Report (where available)</li> <li>iii. Certified true copy of the Coroner's Inquiry Report (where available)</li> </ol>

### Important Notes

1. The acceptance of this form is not an admission of liability by China Life Insurance (Singapore) Pte. Ltd. ("CLIS", "our", "us", "we").
2. Only our Customer Care Officer, a Singapore lawyer or a Notary Public may certify documents to be true copies.
3. For death that occurred outside Singapore, copy of the Death Certificate and supporting documents must be certified by a Notary Public of the country where the Life Insured passed away.
4. All expenses incurred in obtaining required documents, including but not limited to the Doctor's Statement or medical evidence, for claim filing will be borne by you.
5. All documents submitted must be in English. Any document which is in a foreign language must be translated to English by a certified translator.
6. Please submit all required documents. We will assess your claim upon receipt of the complete documentation and advise whether additional medical reports are required.
7. The Company reserves the rights to request for additional documents when deemed necessary.

You may submit the claim documents personally at our Customer Care Centre, through your financial adviser representative or by post to:

Claims Department  
China Life Insurance (Singapore) Pte. Ltd.  
1 Raffles Place #46-00 One Raffles Place Tower 1  
Singapore 048616

If you have any queries, please call our Customer Care Hotline at (65) 6727 4800 or email us at [CustomerCare@chinalife.com.sg](mailto:CustomerCare@chinalife.com.sg).

**Proof of Relationship with Life Insured**

If Claimant is	Document(s) Required
Spouse	• Marriage Certificate of Claimant
Child	• Birth Certificate of Claimant
Parent	• Birth Certificate of Deceased
Sibling	• Birth Certificate of Deceased • Birth Certificate of Claimant
Policy Owner (Third party policy)	• Identification Document of Policy Owner
Executor(s) of Will or Grant of Probate	• Identification Document of Executor(s) • Copy of Last Will • Grant of Probate (if available)
Administrator(s) of Grant of Letters of Administration	• Identification Document of Administrator(s) • Grant of Letters of Administration
Trustee	• Trust Deed • Identification Document of Trustee
Assignee	• Deed of Assignment • Identification Document of Assignee • Business Registration Document for Entity (e.g. ACRA Business Profile)
Trust Nomination (49L)	
Trustee	• Identification Document of Trustee
No surviving trustee and any nominee above age 18	• Identification Document of Nominee • Birth Certificate of Nominee (if Nominee is a Child of the Deceased) • Marriage Certificate of Nominee (if Nominee is the Spouse of the Deceased)
No surviving trustee and any nominee is below age 18	• Identification Document of Nominee • Birth Certificate of Nominee • Identification Document of Surviving Parent or Legal Guardian • Proof of Legal Guardianship if Nominee has a Legal Guardian
Revocable Nomination (49M)	
Nominee (age 18 or above)	• Identification Document of Nominee / Legal person
Nominee (below age 18)	• Identification Document of Nominee / Legal person • Birth Certificate of Nominee • Identification Document of Parent or Legal Guardian • Proof of Legal Guardianship if Nominee has a Legal Guardian

## DEATH CLAIM FORM (CLAIMANT'S STATEMENT)

### POLICY NUMBER(S)

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### SECTION 1: INFORMATION ON THE DECEASED

1.	Full name (as shown in NRIC / Passport)	
2.	Identification number (NRIC / Passport)	
3.	Date of birth (dd/mm/yyyy)	
4.	Occupation before death	
5.	Date of death (dd/mm/yyyy)	
6.	Country and place of death (Please specify the name of hospital if death occurred in a hospital)	
7.	Cause of death	
8.	Was the death due to suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Was a post-mortem or autopsy carried out? (If Yes, please provide the report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Was any Coroner's inquest held? (If Yes, please provide the Coroner's Inquiry Report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Was the deceased insured by other insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details as follows:	
	Name of Insurer	Policy number

12.	Has the deceased or the claimant been bankrupt or insolvent or has executed any deed or transfer for the benefit of creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide the bankruptcy number and details:	

**SECTION 2: FOR DEATH DUE TO ILLNESS (Please complete this section if death was due to illness)**

1.	What was the symptom(s) that first presented for deceased's illness?		
2.	Date when symptom(s) had first presented? (dd/mm/yyyy)		
3.	When did the deceased first consult a doctor for the illness? (dd/mm/yyyy)		
4.	Did the deceased suffer from any other illnesses or conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details as follows:			
	Illness or condition		Date of first diagnosis (dd/mm/yyyy)
5.	Please provide the name and address of all doctors who had attended to the deceased for all illnesses and conditions mentioned above or who had attended to the deceased in the last 5 years before his/her death:		
	Name of doctor	Name and address of clinic or hospital	Date of consultation

**SECTION 3: FOR DEATH DUE TO ACCIDENT (Please complete this section if death was due to accident)**

1.	Date and time of accident	
2.	Country and place of accident	
3.	Please provide a detailed account of the accident and injuries (Please attach newspaper clipping(s), if available)	
4.	Was the accident reported to the Police? (If Yes, please provide the police report)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: FOR DEATH OVERSEAS (Please complete this section if death occurred outside Singapore)**

1.	Name of the doctor who certified the death	
2.	Name and address of the hospital or clinic of the treating doctor	
3.	Was the deceased buried or cremated overseas? (If Yes, please provide the burial or cremation permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5: TESTAMENT AND FAMILY STATUS**

1.	What was the deceased's marital status at the time of death?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
2.	Did the deceased leave a Will? (If Yes, please provide certified true copy of the Last Will and the identification document of <u>all</u> named beneficiaries and executors)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Is there a surviving spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide details as follows:				
	Name of spouse	Identification number	Date of birth	Address and contact number

4.	Is there any surviving children?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
a	If Yes, please provide details as follows:				
	Name of child	Identification number	Date of birth	Address and contact number	
b	If No, please provide details of surviving parent(s) and /or all				
	Name of family member	Identification number	Date of birth	Relationship to deceased	Address and contact number

#### SECTION 6: PAYMENT METHOD

##### **For SGD and USD Denominated Policy (please tick V the appropriate box)**

- ☐ Direct credit to the Estate Account  
please provide the bank account details and submit a clear copy of the bank account statement:

Name of Bank : \_\_\_\_\_

Estate Bank Account number : \_\_\_\_\_

- ☐ Direct credit to the beneficiary/ claimant's bank account  
please provide the bank account details and submit a clear copy of the bank account statement:

Name of Bank : \_\_\_\_\_

Name of accountholder: \_\_\_\_\_

Bank Account number : \_\_\_\_\_

- ☐ ^PayNow    NRIC/FIN No: \_\_\_\_\_ ^Your NRIC/ FIN number **must be linked** to a PayNow account.

##### **For Renminbi (RMB) Denominated Policy**

Please complete the following fields to facilitate payment:

Beneficiary Name (as per bank's record)*	
Beneficiary Bank Name	
Beneficiary Bank Account Number	
Beneficiary Bank Swift Code	
#Intermediary Bank Name for RMB (if any)	
#Intermediary Bank Swift Code (if any)	

##### **Note:**

\* Beneficiary must be the Claimant.

\* Please check with the beneficiary bank to determine which intermediary bank it uses to process RMB transactions. All beneficiary and intermediary bank charges (if any) are to be borne by the Claimant.

## SECTION 7: CLAIMANT'S DECLARATION

I declare that the information stated in this form and supporting document(s) is true and complete, and I have not withheld any material fact to the best of my knowledge. I understand that the policy may be void if any information provided in this claim form by me is materially false or misleading.

I declare that I am authorised to disclose information about the deceased and the deceased's family members.

I expressly authorise and consent to China Life Insurance (Singapore) Pte. Ltd. ("CLIS") and its officers, employees and representatives collecting from, using and disclosing to any of the following persons, whether in Singapore or elsewhere, at their sole discretion, any and all information relating to me and the deceased, including personal particulars, transactions and dealings with CLIS,:

- a) any doctor, hospital, clinic, insurance company;
- b) CLIS's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;
- c) any of CLIS's contractors or third party service providers or distribution partners or professional advisers or representatives; and
- d) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice,

for the purpose of processing, investigating and assessing this claim.

I understand that CLIS has a Personal Data Protection Notice, which sets out the purposes for which personal data may also be used and disclosed, and it is available at [www.chinalife.com.sg](http://www.chinalife.com.sg), which I confirm I have read and understood.

1.	Name of Claimant	
2.	Identification number (NRIC/Passport)	
3.	Address	
4.	Contact number(s)	
5.	Relationship to the deceased	
Signature		Date (dd/mm/yyyy)

## CLAIMANT'S FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING STANDARD (CRS) INDIVIDUAL SELF-CERTIFICATION FORM

### Important Notes:

If there are multiple claimants, each claimant is required to complete a copy of this form. This is a self-certification form provided by a claimant ("Account Holder") to China Life Insurance (Singapore) Pte. Ltd. ("CLIS"), a reporting financial institution, for the purpose of automatic exchange of financial account information. The data collected may be transmitted by CLIS to the Inland Revenue Authority of Singapore for transfer to the tax authority of another country/ jurisdiction.

- All parts of the form must be completed (unless not applicable or otherwise specified). If the space provided is insufficient, please continue on additional sheet(s).
- As CLIS is unable to give tax advice, please consult a tax adviser or the Inland Revenue Authority of Singapore's website at <https://www.iras.gov.sg/irashome/Quick-Links/International-Tax> for more information.

Policy Number: \_\_\_\_\_

### Part 1 Identification of Individual Account Holder

1.	Name of Account Holder	
2.	NRIC/Passport Number	
3.	Current Residence Address	
4.	Mailing Address (Complete if different from current residence address)	
5.	Contact Number	(Country Code) (Number) (Country Name)
6.	Date of Birth (dd/mm/yyyy)	
7.	Country of Birth	

### Part 2 Self-Certification for Tax Purposes

#### A. Declaration of United States ("US") Person# Status

Please select one, whichever applicable:

- ☐ The Account Holder does not have any US Indicia\* and is not a US person#
- ☐ The Account Holder has one or more US indicia\* and is not a US person#. (Please complete and submit W-8BEN and provide supporting documents).
- ☐ The Account Holder is a US person#. (Please complete and submit US IRS Form W-9).



#US person means a US citizen or resident individual, a partnership or corporation organised in the US or under the laws of the US or any State thereof, a trust if (i) a court within the US would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

\*"US indicia" means US citizenship, US residency (green card holder), US taxpayer identification number, US place of birth, US residential or mailing address, US telephone number, standing instructions to transfer funds to an account maintained in the US and a currently effective power of attorney or signatory authority granted to a person with a US address.

#### **B. Declaration of Tax Residency under Common Reporting Standard**

Please complete the following table indicating:

- (a) the country/jurisdiction (including Singapore) where you are a **resident for tax purposes**; and
- (b) your Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated.

If you are a Singapore tax resident, your Singapore TIN is your NRIC, FIN, Income Tax Reference Number or the IRAS Assigned Tax Reference Number.

If you are a tax resident in more than five countries/jurisdictions, please continue on additional sheet(s).

If a TIN is unavailable, please provide the appropriate reason **A**, **B** or **C** where indicated below:

**Reason A** - The country/jurisdiction where you are resident does not issue TINs to its residents

**Reason B** - You are otherwise unable to obtain a TIN or equivalent number (*Please explain why you are unable to obtain a TIN in the below table if you have selected this reason*)

**Reason C** - No TIN is required (*Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction*)

Country/Jurisdiction of Tax Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why you are unable to obtain a TIN if you have selected Reason B
		<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	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

#### **C. Clarification of Tax Residency Information Provided**

If the country(ies) of your residential address, mailing address and contact number(s) are different from your country(ies) of tax residence declared in section B above, please explain why and provide supporting documents:

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### **Part 3 Declaration and Signature**

I acknowledge and agree that:

- (a) the information contained in this form is collected and may be kept by China Life Insurance (Singapore) Pte. Ltd. ("CLIS") for the purpose of automatic exchange of financial account information; and
- (b) such information and information regarding the Account Holder and any reportable account(s) may be reported by CLIS to the Inland Revenue Authority of Singapore and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be resident for tax purposes.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) identified in Part 1 of this form.

I undertake to advise CLIS of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide CLIS with a suitably updated self-certification form within 30 days of such change in circumstances.

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

<b>Signature</b>	
<b>Name</b>	
<b>Date (dd/mm/yyyy)</b>	
<b>Capacity</b>	

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified true copy of the power of attorney)