

DEATH CLAIM PROCEDURE

DOCUMENTS REQUIRED

1. Death Claim Form.
2. Duly completed Medical Report Form by the medical doctor. You will need to pay for the report fee to the treating medical institution directly.
3. Copy of Death Certificate.
4. Copy of NRIC / Passport / Identity Document of the Claimant / Beneficiary(ies) / Nominee(s) / Trustee(s) / Assignee(s).
5. For a list of the requirement to be submitted, please refer to Making A Claim via aia.com.sg > Help & Support > Making a Claim > Death Claim.
6. Copy of Central Provident Fund (CPF) Investment Account Closure notification from CPF Board or Agent Banks for CPFIS-issued policy.
7. Copy of the bank passbook / bank statement stating name of bank, name of account holder(s) & bank account number must be provided if the selected payment method is direct credit to a Singapore bank account or Telegraphic Fund Transfer to an overseas bank account.

IMPORTANT NOTES

1. The Death Claim Form must be completed by the Claimant (above age 18 years). The Company reserves the right to obtain further information.
2. Medical Report Form must be completed by the medical doctor who last attended to the deceased. Claimant must make own arrangement with the medical doctor to complete the form. Any fee charged by the medical doctor must be paid by the claimant directly to the medical doctor.
3. The Grant of Letters of Administration/Probate (if any) must be issued by Singapore Court.
4. Any document that is not in English must be accompanied by an English translated copy of the document. The translation must be done by a certified translator.
5. We reserve the right to sight the original document if a photocopy is submitted to us.

SUBMISSION OF DOCUMENTS

All claims required documents can be submitted to AIA Singapore. You may submit the claim application together with all of the requirement to AIA Singapore in any of the following way:

- By postal mail to AIA Singapore Claims Department at
AIA Singapore Claims Department
3 Tampines Grande #09-01
Singapore 528799
Attention: Claims Department (Individual Life & Health)
- Contact your AIA Servicing Agent to assist you.
- Submit your claim application in person at AIA Singapore Customer Service Centre
Finlayson Green at **1 Finlayson Green, Singapore 049246**
Operating Hours: Mondays to Fridays 8.45am to 5.30pm excluding Public Holidays
- Submit your claim application via email to sg.aiaclaims@aia.com. All attachment in the email must be in PDF format.



AIA SINGAPORE DEATH CLAIM FORM

(To be completed by the Claimant (above age 18 years))

A) POLICY DETAILS

Policy Number(s):

B) PARTICULARS OF DECEASED

Name of Deceased:	Date of Birth (dd/mm/yy):	NRIC / FIN No. / Passport No.:
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Deceased's last address in Singapore:

Occupation:

Employer Name and Address:

C) PARTICULARS OF CLAIMANT

Name of Claimant:	Relationship to Deceased:	NRIC / FIN No. / Passport No.:
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Claimant's Address:

Contact No.:

D) DETAILS OF DEATH

1. Country and Place of death. Please specify the name of hospital if death occurred in hospital.	
2. What is the date of death?	____ / ____ / ____ (dd/mm/yy)
3. What is the cause of death?	
4. Was the death due to self-destruction or self-inflicted injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Was a coroner's inquest held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was an autopsy or post mortem done?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E) OTHER INSURANCE

1. Was the deceased insured with any other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete the following:		
	Name of Insurance Company	Date of Issue (dd/mm/yy)	Sum Insured (S\$)

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AIA Singapore Private Limited (Reg. No. 201106386R)
AIA Singapore Claims Department, 3 Tampines Grande
#09-01, Singapore 528799

F) PLEASE COMPLETE THIS SECTION IF DEATH WAS DUE TO NATURAL CAUSES (E.G. ILLNESS)			
1. Please state the date deceased first complained of or gave other indication of his/her last illness.	_____ / _____ / _____ (dd/mm/yy)		
2. What symptom(s) did the deceased suffer from for his/her last illness?			
3. Please state the date deceased first consulted a medical doctor for his/her last illness.	_____ / _____ / _____ (dd/mm/yy)		
4. Please state the names and addresses of all doctors who attended to the deceased during his/her last illness and 3 years prior to death:	Name & Address of Doctor(s)	Disease/Condition	Date of Consultation
G) PLEASE COMPLETE THIS SECTION IF DEATH WAS DUE TO AN ACCIDENT OR UNNATURAL CAUSES			
1. Please state the date, time, place and country where the accident occurred.	Place & Country of Accident	Date of Accident (dd/mm/yy)	Time of Accident
2. Please describe and provide details on how the accident occurred.			
3. Was a police investigation carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enclose copy of report and complete the following:		
	Name(s) of Investigation Officer Charge		Police Station (Branch/Address)
H) PLEASE COMPLETE THIS SECTION IF DEATH OCCURRED OUTSIDE DOMICILE COUNTRY			
1. Please state the date deceased left domicile country, the purpose and intended length of the visit overseas.	Date Left Domicile Country	Purpose of Visit Overseas	Intended Length of Visit
2. Please state the name and address of the doctor who certified the death.			
3. Was the deceased cremated or buried outside Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide cremation/burial permit/documentation.		
4. Letter from ICA (Immigration and Checkpoint) confirming the invalidation of Deceased's Singapore IC/Passport is enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I) TESTAMENT & FAMILY STATUS

1. Did the deceased leave a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide date of the latest Will: ____/____/____ (dd/mm/yy)
2. Was a Grant of Probate or Grant of Letters of Administration applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What was the deceased's marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

J) CLAIM PAYMENT INSTRUCTION

Please select only one (1) choice of payment method listed below. If more than one option is selected or no selection is made or payee is a joint trustees, the claim will be issued in cheque payment automatically and mailed out directly.

☐ Direct credit to a Singapore Dollars (SGD) bank account in Singapore.

Name of Bank	Bank Branch	Bank Account No.	Account Holder's Name

- **Submit a copy of the bank passbook / bank statement stating the name of bank, name of account holder & bank account number.**
- For foreign currency policy, the currency exchange rate will be determined solely by AIA Singapore.
- If the Direct credit payment is unsuccessful, cheque payment will be automatically issued and mailed out directly.

☐ Telegraphic Fund Transfer (For Payee who is residing overseas)

- **Submit a copy of the bank passbook / bank statement stating the name of bank, name of account holder & bank account number.**
- This option is only applicable for overseas remittance subject to approval by AIA Singapore.
- Currency exchange rate used for the remittance will be determined solely by AIA Singapore.
- To apply, complete and sign "Telegraphic Transfer Request Form for Claim Payment". Download and print this form from Making A Claim web page via www.aia.com.sg > Help & Support > Making A Claim > Death Claim > Let AIA Singapore know how you would like to receive payment.



Name of Insured:	NRIC / FIN No. / Passport No.:
Policy Number:	
K) AUTHORISATION & DECLARATION	
<p>1. I/We, acknowledge and accept that the furnishing of this form, or of any other forms supplemental thereto, by AIA Singapore Private Limited ("AIA Singapore") is neither an admission that there was any insurance in force on the life in question, nor an admission of liability nor a waiver of any of its rights or defenses.</p> <p>2. I/We:</p> <ul style="list-style-type: none">(a) hereby declare that I/we are duly authorized to make this claim and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection with the claim and the Policy ("Information");(b) declare that all Information is complete, true and correct and that no information or materials have been withheld and that AIA Singapore will rely and act on the Information accordingly. Otherwise, AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially;(c) acknowledge and accept that AIA Singapore shall be at liberty to deny liability or recover amounts paid, whether wholly or partially, if any of the Information is incomplete, untrue or incorrect in any respect or if the Policy does not provide cover on which such claim is made; and(d) acknowledge and accept that AIA Singapore expressly reserves its rights to require or obtain further information as it deems necessary. <p>3. I/We hereby authorise, agree and consent to:</p> <ul style="list-style-type: none">(a) persons and organizations, 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/organizations, 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/organizations, 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(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. <p>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.</p> <p>4. I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore laws.</p> <p>I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.</p> <p>Note: Please submit W-8BEN/W-8BEN E (whichever is applicable) and satisfactory documentary evidence to us. Documentary evidence includes government identity document (e.g. passport, ID card), tax certificate of residence, certificate of loss of nationality or ACRA equivalent.</p> <p><input type="checkbox"/> By ticking the box on the left, I/we, notwithstanding anything contrary in this form, hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes. I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.</p> <p>Note: Please submit W-9 form to us.</p> <p>5. This authorisation and declaration shall bind my/our successors and assignees, and remains valid, notwithstanding death or incapacity. A photocopy of this authorisation shall be effective and valid as the original.</p> <p>Signature of Claimant</p> <div style="border: 1px solid black; height: 30px; width: 400px; margin: 5px 0;"></div> <p>Name of Claimant: _____ NRIC / FIN No. / Passport No.: _____</p> <p>_____ Date: _____</p> <p>Note: 1. For Trust policy with multiple trustees, signatures of all trustees are required. 2. No fees, commissions or charges of whatever nature are payable to insurance advisers or employees of the company in respect of this claim.</p>	





MEDICAL REPORT FORM (to be completed by the Medical Doctor at claimant's expense)

A) DECEASED'S PARTICULARS (FROM HOSPITAL/CLINIC'S RECORD)			
Name of Deceased:		NRIC / FIN No. / Passport No.:	
B) DECEASED'S MEDICAL RECORDS			
1. Are you the deceased's usual medical doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 1a. If "No" please answer 1b.		
1a. Please state date of first consultation at your hospital/clinic.	_____/_____/_____(dd/mm/yy)		
1b. Please provide name and address of the deceased's regular doctor.	Name & Address of Regular Doctor		
2. Please provide the names and address of any other practitioners who had attended to the deceased during the past 3 years.	Name & Address of Doctor	Consultation Period	Disease/Illness
3. Did you attend to the deceased's last illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 3a – 3d.		
3a. What were the symptoms presented?			
3b. Date symptoms first started	_____/_____/_____(dd/mm/yy)		
3c. What was the diagnosis?			
3d. Please provide treatment administered and the dates.	Treatment Administered		Date of Treatment
4. Have you treated the deceased for any other illness other than the last illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details.		
	Disease/Illness		Date of Consultation
5. Were you present when the deceased passed away?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please state the date that you last treated the deceased.		
	_____/_____/_____(dd/mm/yy)		

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AIA Singapore Claims Department, 3 Tampines Grande
#09-01, Singapore 528799

Deceased Patient's Name:
 Deceased Patient's NRIC / FIN No. / Passport No.:
 AIA Singapore Policy Number:



C) DETAILS OF DEATH		
1. What was the primary cause of death?		
2. What was the duration between the onset of the condition/illness and death?		
3. Please provide details of any other significant illness(es) that the deceased suffered from and the date of diagnosis.	Disease/Illness	Date of Diagnosis
4. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details.	
5. Was the death of the deceased due to suicide, self-destruction or intentional self-inflicted injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details.	
6. Was the cause of death due to an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please answer 6a – 6d.	
6a. Date & Time of Accident	Date : _____ / _____ / _____ (dd/mm/yy) Time: _____ a.m./p.m.	
6b. Country & Place where the accident occurred.		
6c. Please describe how the accident occurred.		
6d. Please describe the injuries sustained by the deceased assured fully.		
7. Please provide any other information that you feel may be relevant.		
8. Will you agree and authorise us to release this medical information if such disclosure is required by Financial Industry Disputes Resolution Centre Ltd (FIDReC) of Singapore or any proper Government Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D) MEDICAL DOCTOR'S NAME & SIGNATURE		
Name of Medical Doctor : _____ MCR No : _____ Signature : _____ Date : _____		Address/Official Stamp: Name <div style="border: 1px solid black; height: 100px; width: 100%;"></div>