

Death Claim Form

Instructions:

Please furnish the following documents within one month from date of the death of the Deceased Member:

- (1) Duly completed and signed claim form (Part I only).
- (2) Copy of Death Certificate (original Death Certificate to be sighted by HSBC).
- (3) Copy of Birth Certificate / Passport / Identity Card of the Deceased Member (certified to be a true copy by an authorised senior officer of the Policyholder).
- (4) Latest pay slip in month of death and the month before (certified to be a true copy by an authorised senior officer of the Policyholder).

Notes:

- (a) We reserve the right to request for any additional or original documents (eg police statement, newspaper report or obituary)
- (b) A Medical Report (Part II) may be required at our discretion. The cost of such medical report, if required, will have to be borne by the Policyholder.
- (c) Please furnish copy of police report if death occurs due to an accident.
- (d) Death Benefit will be paid to the Policyholder.

Part I

A. Claimant's Particulars						
Policyholder (Employer)			Policy No.		Membership No.	
Insured Member (Employee)	Date of Birth.	Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male	NRIC / Passport No. / BC No.	Occupation	Date of Employment	Sum Insured
Insured Dependant (if applicable)	Date of Birth	Relationship:	NRIC / Passport No. / BC No.	Occupation	Effective date of Insurance	Sum Insured
B. Details of Death						
1.	Residence at death					
2.	Date and place of death		Date:	Place:		
3.	Cause of death					
4.	When did the deceased first complain of, or give other indications of his/her last illness?		Date:			
5.	When did the deceased first consult a physician for his/her last illness?		Date:			
6.	Was an inquest or post-mortem examination held on the body? If so, please furnish certified copy of verdict or findings.					
7.	Name and addresses of all doctors who attended to deceased during his/her last illness and during three years prior thereto:					
	<u>Doctor</u>	<u>Name of Clinic / Address</u>	<u>Date of attendance</u>	<u>Illness</u>		
C. Others						
8.	Was the deceased in the employment (ie. on the payroll of the Policyholder) at the time of Death?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9a.	If the answer is yes, please let us have his/her last drawn salary.					
9b.	If not, when was his/her employment terminated?		Date:			
10.	When was the last day he/she was actively at work?		Date:			
Declaration and authorisation						
We hereby declare that the above information provided above are true and correct in every aspect and that no material information have been withheld nor any relevant circumstances omitted. We agree and authorise to the release of any information to HSBC Insurance (Singapore) Pte Ltd in connection with this claim. A photocopy of this authorisation is as valid as the original.						
Dated this _____ day of _____ 20 _____						
_____ Signature of witness			_____ Employer's Signature			
Name :			Name :			
NRIC No. :			NRIC No. :			
Address :			Designation :			
			Company Stamp :			

Part II – Medical Report (to be completed by deceased’s last attending doctor at the Policyholder’s expense)

Name of Deceased:	NRIC / Passport No. / BC No:	Date of Death :
1 Place at time of death		
b Residence at death		
c Occupation		
2 Are you the deceased’s regular doctor?		
a		
b How long have you been the deceased’s regular doctor?		
c If you are not the regular doctor, please provide the name and address of the deceased’s regular doctor, if the details are known to you.		
d Please provide us the names and addresses of any other doctors who to your knowledge had attended to the deceased during the past three years.		
e Did you attend to the deceased during his/her illness? If yes, for what illness?		
f On what date did you first see and treat the deceased?		
g Were you present at the time of death? If not, when did you last treat the deceased?		
h Have you treated the deceased for any other illness? If so, for what complaint and when?		
3 What was the primary cause of death and its duration?		
a		
b Was an autopsy performed?		
c Was an inquest held? If yes, please provide the findings.		
d What other significant medical conditions did the deceased suffer and for how long?		
4 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 habits (eg use of alcohol, narcotics etc), family history, occupation or previous illnesses?		
6 Please give other information you feel may be relevant.		
I hereby declare that the answers above are true to the best of my knowledge and belief.		
Name : _____ Signature : _____		
Professional Qualification : _____ Date : _____		
Address : _____		