

Death Claim
(Individual Policyowner)
Instruction Page

In order for us to process your claim, please submit the following:

Documents Required

1. Death Claim Form
2. Clinical Abstract Application Form
3. Certified True Copy of Death Certificate
4. Original Policy Document
5. Medical report from attending Doctor (If death was due to illness)
6. Police investigation report, Post-Mortem or Toxicology report, Coroner's Inquest report (If death was due to accidental or unnatural causes)
7. Certified True Copy of:
 - i) NRIC / Passport of all claimant(s)
 - ii) Proof of the Claimant(s)'s residential address within the last 3 months if address is not stated on Identification Documents
 - iii) Proof of relationship or rights to administer deceased's estate as below

<i>Spouse</i>	<i>Marriage Certificate</i>
<i>Children</i>	<i>Birth Certificate of children</i>
<i>Parents</i>	<i>Birth Certificate of deceased</i>
<i>Siblings</i>	<i>Birth Certificate of deceased & Birth Certificate of siblings</i>
<i>Executor</i>	<i>Letter of Probate</i>
<i>Administrator</i>	<i>Letter of Administrator</i>
8. Grant of Probate / Letter of Administration (where applicable)
9. For overseas death:
 - i) For Singaporeans who passed away overseas, death certificate and all documents are to be certified by Singapore Embassy in the country of death. For non-Singaporeans, death certificate and all documents are to be certified by the Notary Public of the country.
 - ii) For Singaporean / Permanent Resident, certified true copy of the letter from ICA (Singapore Immigration and Checkpoint) confirming receipt of the Singapore IC, passport and overseas death certificate.

Notes

1. Original documents must be produced and certified true copied by our Customer Service Officers which will then be returned immediately after verification. Alternatively the verification can be done by your lawyer or Notary Public.
2. All documents submitted must be in English. Any non-English documents are to be translated to English by a certified translator.
3. The Medical report must be completed by the Doctor who attended the deceased in his last illness or in the event of an accident. All medical and investigation report fee shall be borne by the claimant.
4. We aim to settle most claims within 8 working days on receipt of all required documents. Please note that more time may be needed for claims which require further clarification. We will keep you closely updated on the status.

Submission of documents

Please submit all claims documents:

- Personally at our Customer Service Centre at 21 Collyer Quay #02-01 HSBC Building Singapore 049320 or
- By post to : Claims Department
HSBC Insurance (Singapore) Pte. Ltd.
Robinson Road Post Office P.O. Box 1538
Singapore 903038

For any queries, please contact your Financial Consultant or our Customer Service Officers at (65) 62256111.



Death Claim Form
 (Individual Policyowner)

Policy number(s)												
PART A: Particulars of Deceased Life Insured / Policyowner												
Full Name			NRIC / Passport number									
PART B: Details of Death												
Cause of death												
Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> If Death is due to illness: When did deceased first present with symptoms of the illness? _____ What symptoms did deceased present before consultation with doctors? _____ Please provide names of all doctors/hospitals/clinics who have attended to the deceased for the illness: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name of Doctors (s)</th> <th style="width:40%;">Name of Hospital(s) / Clinic(s)</th> <th style="width:30%;">Consultation Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name of Doctors (s)	Name of Hospital(s) / Clinic(s)	Consultation Date						
Name of Doctors (s)	Name of Hospital(s) / Clinic(s)	Consultation Date										
<input type="checkbox"/> If Death is due to Accident or Unnatural causes: Date of Accident: _____ Time of Accident: _____ Place of Accident: _____ Details of the Accident: _____ _____ Was the Accident reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the police division/branch and the officer-in-charge's name. Please also enclose a copy of the police report. _____ Was a post-mortem, autopsy done or Coroner's Inquest held? (If yes, please enclose a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No												
PART C: Particulars of Claimant & Deceased's Family Details												
Full Name												
NRIC / Passport no.			Relationship to deceased									
Residential Address			Contact number									
Marital status of deceased			Did deceased leave a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enclose a copy)									
What family has deceased left and are there any children under age of 21 years?												
PART D: Lost/Misplaced Policy document (please tick this section if original policy document is not available)												
<input type="checkbox"/> The undersigned hereby represents that the above Policy(ies) was/were lost or misplaced. The Policy(ies) is/are not assigned, nor has it been transferred or in any way pledged as security for monies advanced or value received. No person, firm or corporation has or claims the right to possession of this Policy(ies).												

PART E: Other information

Has the Deceased or Claimant been bankrupt or insolvent or has either executed any deed or transfer for the benefit of creditors since becoming interested in the policy? Yes No

If yes, please state the name of the bankrupt person, the country/state that issued the bankrupt order and the year in which he/she was declared bankrupt.

(If discharged from bankruptcy, please provide the letter of discharge from Official Assignee)

Was the deceased insured with other insurance company(ies)?

Name of Insurance Company	Issue date	Type of Plan	Claim Amount	Claim Admitted (Yes/No)

PART F: Payment Option (not applicable for policies bought under CPF Minimum Sum Scheme)

Please indicate the option you wish to receive your payment. If no option is selected, a cheque will be sent to you.

- Cheque via postage mail
- Self-collection of cheque at our Customer Service Centre (21 Collyer Quay #02-01 Singapore 049320)
- Transfer into my bank account (Please note that any bank charges will be deducted from the amount payable)

Account Number: _____ Name of Bank: _____
 Country of Bank: _____ Swift code: _____
 Intermediary Bank's Name: _____ Intermediary Bank's Account Number: _____
 Swift Address: _____ Message: _____
 IBAN Number (European bank): _____

When transfer option is selected, you will need to submit a **valid copy of your bank book/statement** for account verification. We will send a cheque to you if:

- 1) you have indicated a third-party bank account
- 2) the transfer option is selected without submission of a valid copy of bank book/statement

Part G: Declaration & Authorisation

I hereby declare that :

1. All the information given by me in this claim form is, to the best of my knowledge and belief, true, complete and accurate, and that no material information has been withheld nor is any relevant circumstances omitted.
2. I authorise HSBC Insurance (Singapore) Pte. Limited (the "Company") to seek medical information from any doctor who, at any time, has attended to the deceased concerning anything that affects his/her health, seek information from any insurance offices to which an insurance proposal has been made, seek information from any other sources (including employer, government institution, bank or other organisation or person) and disclose information including medical information about deceased to other insurers, reinsurers or other third parties assisting with this claim.
3. I agree that all written statements and affidavits, of all doctors who has attended to the deceased or any other sources, and all other papers called for by instructions hereon shall constitute and they are hereby made a part of these Proofs of Death and further agree that the furnishing of this form or any other forms supplemental thereof, by the Company shall not constitute nor be considered an admission by it that there is an insurance in force on the life in question, nor a waiver of any rights or defences.
4. I understand and agree that the Company shall have full access to the information above and a photographic copy of this authorisation shall be as valid as the original.
5. I understand and acknowledge that the personal data which I have submitted is being collected for the purposes stated in the HSBC Data Protection Policy (<http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>) and consent to the collection, use and disclosure of my personal data accordingly.

Signed at (country) :

Date (dd / mm / yyyy) :

 Signature of Claimant
 Name

 Signature of Witness
 Name
 ID No.
 Address

Clinical Abstract Application Form

Instructions

1. This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next-of-kin (if patient is deceased), and be duly witnessed.
2. This form is to be submitted with the appropriate report fee.
3. The release of the medical report is subject to official approval.

Medical Superintendent

_____ Hospital

Singapore _____

I, _____ NRIC No. _____
(Name)

of _____
(Address)

hereby authorise you to furnish **HSBC Insurance (Singapore) Pte. Limited** of 21 Collyer Quay, #02-01, Singapore 049320, with a medical report on

_____ NRIC/Hospital Registration No. * _____
(Name of patient)

who was treated at the hospital as a patient in the department of _____ from _____
to _____.

The medical report is required for the purposes(s) specified below:

Besides the medical report fee I undertake to pay any additional charges such as X-ray and Laboratory Investigation Charges which may be incurred in the preparation of the medical report.

Signature of patient / parent / next-of-kin

Name (in block letters)

Relation to patient

Duly Witnessed By:

Signature of witness

Name (in block letters)

NRIC No.

Address

For official use

Application is approved / not approved

Signature and date

Name and designation of approving officer

* Delete as appropriate

The personal data which you have submitted is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

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INSTRUCTIONS
CRS Individual Self-Certification Form

Please read these instructions before completing the form

Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard ('the CRS').

Under the CRS, we are required to determine where you are 'tax resident' (this will usually be where you are liable to pay income taxes). If you are tax resident outside the country where your account is held we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries' tax authorities.

Completing this form will ensure that we hold accurate and up to date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated Self-Certification.

Who should complete the CRS Individual Self-Certification Form?

Personal insurance customers or sole traders should complete this form.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships), complete an 'Entity Tax Residency Self-Certification Form' (CRS-E). Similarly, if you are a controlling person of an entity, complete a 'Controlling Person Tax Residency Self-Certification Form' (CRS-CP). You can find these forms at: www.insurance.hsbc.com.sg

For joint insurance holders, each individual will need to complete a copy of the form.

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account, under a Power of Attorney or as a legal guardian on behalf of an account holder who is a minor.

Where to go for further information

If you have any questions about this form or these instructions please visit: www.insurance.hsbc.com.sg, contact your Financial Consultant, visit a branch or call us.

The 'Organisation for Economic Co-operation and Development' (OECD) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's 'Automatic Exchange of Information' (AEOI) website: www.oecd.org/tax/automatic-exchange/

If you have any questions on how to define your tax residency status, please visit the OECD website or speak to a professional tax adviser as we are not allowed to give tax advice.

You can find a list of definitions in the Appendix.

Individual Tax Residency Self-Certification Form

CRS – I

Please complete Parts 1– 3 in BLOCK CAPITALS

Part 1 Identification of Individual Account Holder

A. Name of Account Holder:

Family Name or Surname(s)

Title Mr Mrs Ms Miss Other

First or Given name(s)

Middle Name(s)

B. Current Residence Address:

Line 1 House/Apt/Suite Name, Number, Street)

Line 2 Town/City Province/County/State

Country Postal Code / ZIP code

C. Mailing Address: (please only complete if different from the address shown in Section B above)

Line 1 House/Apt/Suite Name, Number, Street)

Line 2 Town/City Province/County/State

Country Postal Code / ZIP code

D. Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Part 2 Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”) (See Appendix)

Please complete the following table indicating:

- (i) where the Account Holder is a tax resident;
- (ii) the Account Holder’s TIN for each country indicated.

If the Account Holder is tax resident in more than three countries please use a separate sheet If a TIN is unavailable please provide the appropriate reason **A, B or C**:

Reason A The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B The Account Holder is 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 authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Part 3 Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with HSBC Insurance setting out how HSBC Insurance may use and share the information supplied by me. (including HSBC’s prevailing Data Protection Policy (as may be amended from time to time), which may be found on [http:// www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security](http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security)).

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to HSBC Insurance and that such information may be provided to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise HSBC Insurance within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Insurance with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

Signature:

Print name:

Date

D	D	M	M	Y	Y	Y	Y
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Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity:

Appendix – Definitions

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS'), the associated Commentary to the CRS, and domestic guidance.

This can be found at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

If you have any questions then please contact your tax adviser or domestic tax authority.

'Account Holder' The term 'Account Holder' means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/ child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

'Controlling Person' This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ('NFE') then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term 'beneficial owner' as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

If the account is maintained for an entity of which the individual is a Controlling Person, then the 'Controlling Person tax residency Self-Certification' form should be completed instead of this form.

'Entity' The term 'Entity' means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

'Financial Account' A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

'Participating Jurisdiction' A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard.

'Reportable Account' The term 'Reportable Account' means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person

'Reportable Jurisdiction' A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place.

'Reportable Person' A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

'TIN' (including 'functional equivalent') The term 'TIN' means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Further details of acceptable TINs can be found at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a 'functional equivalent'). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.