

HSBC Insurance (Singapore) Pte. Limited. (Reg. No. 195400150N)
21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30 am to 5 pm. www.insurance.hsbc.com.sg
Customer Care Hotline: (65) 6225 6111 Fax: (65) 6221 2188
Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Death Claim Form

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

1. Death Form (duly completed and signed by claimant)
2. **Certified True Copy** Death Certificate
3. **Original** Policy Document (if loss, to submit Declaration and Indemnity of Loss Policy Form)
4. Obituary Detail, if any
5. **Certified True Copy** NRIC(s) of claimant(s)
6. **Claimant** **Document required**
 - Spouse **Certified True Copy** Marriage Certificate
 - Children **Certified True Copy** Birth Certificate of children
 - Administrator Letter of Administration
 - Parents **Certified True Copy** Birth Certificate of Deceased
 - Siblings **Certified True Copy** Birth Certificate of Deceased
 - Certified True Copy** Birth Certificate of siblings
7. **Reason of Death** **Document required**
 - Medical condition 2 Clinical Abstract Application Forms
Medical Reports from attending doctor, if any
 - Accidental condition Copy of Police Report
8. **Certified True Copy** Letter of Permission to Import/Export or Tranship Remains of Deceased Person if the deceased died overseas

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

Note:

- i. The claim will only be processed upon receipt of all relevant documents. Should additional documents be required, we will contact you.
- ii. **Certified True Copy documents:** Original documents must be verified by our Customer Service Officers and certified true copied. Original documents will be returned immediately after verification.
- iii. Additional medical report fee incurred during the process of the claim is at the expense of the claimant.
- iv. The Company does not admit liability by the mere issue of the claim form.

“The Company” refers to HSBC Insurance (Singapore) Pte. Limited.

For Takaful policy, please read “certificate” for policy, “certificate holder” for policyowner, “wakil” for financial planner, “participant” for life insured, “takaful benefit” for sum insured.



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Death Claim Form

(A) Particulars of deceased (Life insured)		
Policy no.:	NRIC no.:	Sex:
Name of deceased:		Date of birth:
(B) Details of death		
1. Residence of deceased		
2. Occupation at date of death		
3. Date and place of death		
4. Cause of death		
5. When did deceased first complain of, or give other indications of his last illness?		
6. On what date did deceased last attend to his usual work?		
7. Was an inquest or post-mortem examination held on the body? If so, furnish certified copy of verdict or findings.		
8. Was deceased married?		
9. What family has deceased left and are there any children under the age of 21 years?		
10. Has deceased left a will?		
11. Has the life insured 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?		
12. Names and addresses of all doctors who attended deceased during his last illness and during three years prior thereto:		
<u>Names/addresses</u>	<u>Date of attendances</u>	<u>Disease or condition</u>
13. With what other companies and for what amounts was the life of deceased assured?		
<u>Name of company</u>	<u>Policies dated</u>	<u>Amount of benefit</u>
(C) Details of beneficiary(ies) - please turn over if you require more spaces		
1. Name of beneficiary		
2. NRIC no.		
3. Relationship to deceased		
4. What is your present age?		
5. How long have you known deceased?		
(D) Declaration & authorisation		
<p>The undersigned hereby makes claim to said insurance in HSBC Insurance (Singapore) Pte. Limited and agrees that the written statements and affidavits of all the doctors who attended or treated the Deceased and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death and further agrees that the furnishing of this form, or any other forms supplemental thereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor a waiver of any rights or defences.</p> <p style="text-align: center;">Dated this _____ day of _____ 20 _____</p>		
Signature of witness Name : NRIC no. : Address :		Signature of claimant Name : NRIC no. : Address : Tel :

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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

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