

# Death Claim Claimant Statement

POLICY NUMBER

## Important Notes

1. This form is to be completed by the claimant or nominated beneficiary.
2. To enable us to process your claim promptly, please ensure that the form is fully completed.
3. We reserve our rights to request for additional information or documents, if needed.
4. If you have any questions while completing this form, please contact our Customer Service Centre at +65 6880 4888.
5. You can submit this form through any of the following methods:
  - a) By email to [cc.life@mail.life.hsbc.com.sg](mailto:cc.life@mail.life.hsbc.com.sg)
  - b) Via the Policyholder's Servicing Financial Planner

## 1. Deceased's Information

Full name of Deceased (Life Assured)

## 2. Claim Type

Death Claim (due to Death of Policyholder/ Life Assured)

Premium Waiver Claim due to Death of Policyholder

## 3. Information on Death

Date of death

Place of death

Cause of death

## 4. Family's Information

(a) What was the deceased's marital status?

Single       Married       Divorced       Separated       Widowed

(b) Did the deceased leave a WILL?

Yes       No      If "Yes", please submit a copy of the Last WILL.

(c) Name and Details of Claimants/ Beneficiaries and their relationship to the deceased.

Name	Nationality	Date of Birth	Gender	Relationship to deceased	Address

(d) Are any of the claimant(s)/ beneficiary(ies) an undischarged bankrupt?

Yes  No

If yes, please state the name of the respective claimant/ beneficiary who is an undischarged bankrupt

Name of claimant/ beneficiary	Date of bankrupt	Bankruptcy Number

### 5. Other Insurance Policies

(e) Does the deceased have any insurance policies with other insurers?  Yes  No

If yes, please provide the following information :-

Name of Insurer	Type of Policy	Sum Assured	Commencement Date	Have you file the death claim with the insurer (Y/N)

### 6. Your Contact Details

Mobile phone number\*

Nationality

Residential address

Mailing address (if differ from residential address)

Email address

\*Once your claim is registered, you will be updated through SMS upon receipt and approval of your claim.

**7. Settlement Method** (please tick 1 box only)

**PayNow with registered Singapore NRIC/FIN**

By selecting this option, I confirm that I have registered with PayNow and I have linked my Singapore NRIC/FIN to my bank account ('PayNow Account') whereby I am the legal and beneficial owner of the PayNow Account. I hereby authorise and instruct the Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary). In the event that the PayNow transaction is unsuccessful, I agree and acknowledge that a cheque for the payment will be issued to me. Where the PayNow Account is a joint account, I agree and acknowledge that any payment deposited into such PayNow Account as I have instructed, shall constitute full and final discharge of the Company's liability towards me.

**NOTE:** PayNow will only be applicable for payment up to **S\$200,000** and payable to policyholder/ trustee/ assignee within 1 working day after the claim is approved by HSBC Life.

**Direct Credit (DC)**

- i. We require a scan/image copy of your bank statement, clearly showing your full name, bank account number and bank's logo/emblem for account ownership verification.
- ii. For Singapore Dollar Policy only.
- iii. Please complete the Bank information below:

Bank Name	Bank Account Holder (as shown on your Bank Book or Statement)

Bank Code	Branch Code	Bank Account Number

**iv. Important Notes:**

- a) Payment via Direct Credit takes about 1 working day after the claim is approved for DBS/POSB customers, and 2 working days for all other banks;
- b) We do not Direct Credit into 3rd party's Bank Account;
- c) In the event if Direct Credit is unsuccessful, we will issue a cheque within 7 working days and post it directly to your mailing address

**Telegraphic transfer (TT):**

This is applicable for foreigners only;

- a) Bank charges would be borne by you;
- b) Please note that we do not TT to a country other than your country of residence as per our records.

Payee Name	
Bank Name	
Bank Code	
Branch Code	
Account Number	
Swift Code	
Switch Branch	
Bank Address	

**For HSBC Life Private Wealth VUL, HSBC Life Privilege Wealth VUL and Private Wealth Portfolio International ONLY**

The Nominated Beneficiary under this policy to select one of the following payment methods (please tick 1 box only):

- Cash only  
 Assets\* only  
 Cash and Assets\*

Details of custody account for transfer of assets

Name of bank: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Details of bank account for transfer of cash

***Only applicable if opt for alternate forms of cash payment (\*refer to clause (4) under Notes below)***

Name of bank: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**\*NOTE:**

(1) Cash refers to Cash account or Cash equivalent funds held in the Portfolio Account.

(2) Assets refer to underlying investments held in the Portfolio Account transferred as funding of premium (e.g. listed equities, listed bonds, money market, collective investment schemes and unit trust funds held in the Portfolio Account).

(3) HSBC Life will issue an instruction to the Custodian ("Payout Instruction") within ten (10) Business Days

(a) from the date of Our approval of the death claim; or

(b) upon the receipt of the valuation of such assets,

Whichever is later, to transfer cash/ and or assets to a custody account designated by the Beneficiary and in the name of the Beneficiary.

In the event that the assets cannot be liquidated within three (3) months, We reserve the right to transfer the assets as payment to the Beneficiary. We will not be liable for any drop in asset value during the settlement period and No interest will be payable. We reserve the right to sell assets and pay the benefit in cash under circumstances that give rise to difficulties in executing asset transfer and may delay the benefit payment beyond a reasonable time period.

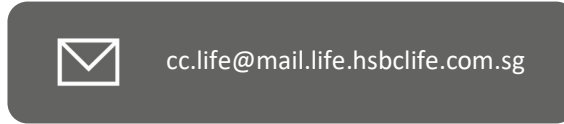
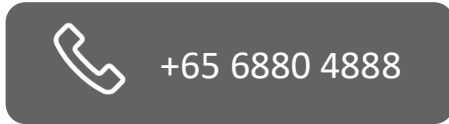
In the event where there is more than one (1) Beneficiary, the transfer of assets can only be executed to a custody account jointly and unanimously designated by all Beneficiaries and in the name of at least one (1) Beneficiary.

In the event that it is not possible for Us to transfer the assets held in the Policy Fund of Private/Privilege Portfolio Account, We shall continue to levy the Policy fees and charges from the proceeds of the Death Benefit, and We shall therefore continue to maintain the Minimum Liquidity Level.

(4) For cash payment, final payment will be paid by Cheque. If claimant opt for other modes of cash payments, we will require a copy of bank statement showing bank account number and account holder's name.

## 8. Track Your Claim Status

If you have any query on your claim, please reach us on:-



HSBC Life is committed to making your insurance claim process as easy and stress-free as possible. We are always glad to be of service.

## 9. Documents Checklist

Please tick against the documents you have submitted together with this claim form. If the mandatory documents are not submitted, your claim will only be processed upon receipt of the full documents. We reserve the right to determine if any of the documents below can be waived.

Mandatory documents	Death due to Natural Causes	Death due Unnatural Causes e.g. Accidental death, murder etc.
<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Death Certificate. This is for Death in Singapore only</li> <li><input type="checkbox"/> Attending Physician Statement (APS) is required for early claims within 2 years, as well as total claims amount &gt;or equal \$500K. HSBC Life reserves the rights to call for original death cert to be produced or APS whenever necessary.</li> <li><input type="checkbox"/> For Overseas Death, we require the following:-               <ul style="list-style-type: none"> <li>(i) Copy of ICA letter issued by Singapore Immigration &amp; Checkpoint Authority for Singaporean or Singapore PR; and</li> <li>(ii) Certified True Copy of death certificate by Notary Public</li> </ul> </li> <li><input type="checkbox"/> Proof of relationship i.e. Marriage Certificate/Birth Certificate</li> <li><input type="checkbox"/> If the Beneficiary is a legal entity eg. a company or a trust etc, please submit a copy of the NRIC /Passport of the beneficiary who would ultimately be the recipient of the insurance proceeds</li> <li><input type="checkbox"/> Tax Residency Self-Certification Form duly completed by the Claimant*</li> <li><input type="checkbox"/> Tax Residency Self-Certification Form duly completed by the named beneficiary(ies) (if any)*</li> <li><input type="checkbox"/> Form W9 duly completed by the Claimant if Claimant is a US citizen or US tax resident*</li> <li><input type="checkbox"/> Form W9 duly completed by the named beneficiary(ies) (if any) if named beneficiary is a US citizen or US tax resident*</li> </ul> <p><i>*applicable for policies with cash value</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Doctor's report (for overseas Death only)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Police Investigation Report</li> <li><input type="checkbox"/> Post Mortem and Toxicology Report (if any)</li> <li><input type="checkbox"/> Coroner's Report including the Coroner's Findings</li> </ul>

## 10. Declaration & Authorisation

I declare that:

1. The information that is disclosed on this claim form is true, complete and accurate, and that no material information has been withheld or is any relevant circumstances omitted.
2. I HEREBY AUTHORISE, on behalf of the Estate of \_\_\_\_\_(life insured) of \_\_\_\_\_(NRIC No/ Birth Certificate No/ Passport No for foreigner only), any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the life insured to disclose and make available to HSBC Life such details and records as may be requested by the Company.
3. HSBC Life has a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. If I am not a tax resident of the jurisdiction in which the policy, contract or product is issued (a "Cross Border Transaction"), HSBC Life may, in accordance with applicable laws and regulations, disclose to my home country tax and/or other governmental authorities, my identity and certain information concerning the policy or contract that is the subject of this claim and I hereby consent and agree that HSBC Life, in their discretion, make such disclosure.
4. The information I have provided is my personal data and, where it is not my personal data, that I have the consent of the Estate of the Life Assured to provide and disclose the Life Assured's personal data for the purpose of this claim.
5. By providing this information, I understand and give my consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
  - i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at [www.hsbclife.com.sg](http://www.hsbclife.com.sg) ("Purposes").
  - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
6. I am happy to receive communication on the claim by e-mail and/ or SMS instead of hard copies by post.
7. I further agree that this declaration shall form part of my proposed application for the relevant insurance benefits, and a copy of this form shall be treated as valid and binding as if it were the original

Name of Claimant

Signature of Claimant

Relationship to Deceased

Date