* C L A I M F *

Singlife with AVIVA

LIVING & DISABILITY BENEFIT CLAIM FORM

IMPORTANT:

1. Please read the instruction on "**How to file a Living & Disability Benefit Claim**" before completing this form.
2. All items must be duly completed to avoid delay in the claim processing. Please indicate as "N.A." if not applicable.
3. The acceptance of this form is **not** an admission of liability on the part of Singapore Life Ltd. Any documentary proof or report required by Singapore Life Ltd. shall be furnished at the expense of the claimant(s).
4. Mobile number and email address provided under Page 5 of this form will replace our Individual Life Policy records accordingly.

A. Details of Policy

Please list all policy numbers you are claiming for

Type of Claim **(please tick (√) box as appropriate)**

- ❒ Critical Illness
- ❒ Terminal Illness
- ❒ Maternity Benefit for Mother / Child
- ❒ Total & Permanent Disability
- ❒ Disability Income

B. Details of Life Assured/Insured Person

Full Name				NRIC / FIN / Passport / Birth Certificate No.	
Date of Birth (dd/mm/yyyy)		Gender		Marital Status	
Name and address of employer				Occupation	

C. Details of Illness/Disability

1) Exact diagnosis		2) Date of diagnosis (dd/mm/yyyy)	
3) Describe 1st symptoms presented		4) Date of 1st symptoms (dd/mm/yyyy)	
5) Name & Address of doctor 1st consulted for the symptoms		6) Date of 1st consultation (dd/mm/yyyy)	

7) Please provide the details of all doctor(s) consulted for this illness/disability and any other conditions:

Name and address of Doctor(s)	First Consultation (dd/mm/yyyy)	Last Consultation (dd/mm/yyyy)	Reason(s) for consultation	Treatment Provided

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

C. Details of Illness/Disability (continue)

8) Is the Life Assured/Insured Person currently confined to (please tick (√) box as appropriate)

❒ Bed ❒ House ❒ Hospital ❒ Others (please specify) _____

Date confinement started (dd/mm/yyyy)

9) Has the Life Assured/Insured Person returned to work?

❒ Yes – Please state the date returned to work (dd/mm/yyyy):

❒ No – Please state the expected date to return to work (dd/mm/yyyy):

10) Daily Activities Before and After Illness/Disability:

a. List the daily activities the Life Assured/Insured Person engaged **Before** this illness/disability:

b. List the daily activities the Life Assured/Insured Person engages **After** this illness/disability:

c. Please elaborate what is preventing the Life Assured/Insured Person from doing the daily activities he/she used to engage before this illness/disability:

11) Is the Life Assured/Insured Person claiming from any other Insurance Company(ies) or other sources in respect of this illness/disability? If "Yes", please provide the details: ❒ Yes ❒ No

Name of Insurance Company	Policy Number	Nature of Plan	Date of Issue (dd/mm/yyyy)	Claim Amount	Claim Notified (Yes / No)

D. Bank Account Details - Default payment method is direct credit to the account below provided (Corporate Bank Account details for Corporate Policyholders).

Name of all Bank Account Holder(s)		Type of Account: ❒ Single ❒ Joint (Please tick box)
Name of Bank	SWIFT/BIC Code	Bank Account No.

Notes:

(i) Please provide a copy of your bank statement/bank book for account verification and a copy of NRIC/Passport of **all** bank account holders.

(ii) All future claims under this policy(ies) will be paid to the above bank account, where applicable. If there is a change of bank account, please notify us.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

E. This section is applicable for Disability Income Insurance Benefit only

1. Was the Life Assured/Insured Person performing any work or engaged in an occupation/profession at the time of disability?

   ❒ Yes – Please complete all questions in this section.

   ❒ No – Please complete Q1a to Q1e based on the **last** occupation, Q7 and Q8.

a. Job Title	
b. Name & Address of Employer	
c. Employment Type	❒ Full-Time ❒ Part-Time ❒ Contract ❒ Temporary ❒ Self-Employed

d. Date of Employment Started (dd/mm/yyyy):	e. Date Last Worked (dd/mm/yyyy):

f. Describe the **material duties** involved in the occupation, beginning with the task he/she did most.

Please also include all **significant** tasks that require physical strength (e.g. lifting, carrying or standing for significant periods).

Details	Percentage of working hours	Details	Percentage of working hours

2. Date where the disability had totally and permanently prevented him/her from performing the material duties of his/her occupation (dd/mm/yyyy):

3. State the Life Assured's average monthly Earned Income in the 12 months before the start of disability. **Please attach documentary evidence, such as Salary Slips, Income Tax Returns, letter from employer, etc.**	SGD
4. How much of this Earned Income has been lost as a result of the disability?	SGD

5. Was the Life Assured holding more than one (1) occupation at the time of disability? ❒ Yes ❒ No

   If "Yes", please provide details of every occupation the Life Assured held in the last twelve (12) months prior to disability by **answering all the questions** in **page 5** of this form in a separate piece of paper.

6. Is the Life Assured unable to perform the material duties of his/her occupation due to the disability? ❒ Yes ❒ No

7. Is the Life Assured now performing any work or engaged in an occupation/profession after the disability? If "Yes", please state the current occupation details: ❒ Yes ❒ No

   a. Job Title and Job Duties

b. Date the Life Assured started work (dd/mm/yyyy)	c. Salary per month (SGD)

8. Please provide details of any benefit, salary or remuneration the Life Assured is receiving or expects to receive from any source (e.g. employer, other insurance company, government, pension scheme etc,).

Source	Amount and Frequency of Payment	Date Payment Starts (dd/mm/yyyy)	Date Payment Ceases (dd/mm/yyyy)
	S$ per		
	S$ per		
	S$ per		

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

F. This section is applicable for Individual Life Policy Only

Declaration of Beneficial Owner

Note: This is only applicable if the recipient of the proceeds is a legal person or a legal arrangement.

❒ I/We declare that there is no change in Beneficial Owner(s).

Otherwise, please submit the Declaration of Beneficial Owner Form together with this form if there is any change in the Beneficial Ownership. You may find the Declaration of Beneficial Owner Form in our website www.singlife.com.

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

"Legal person" means an entity other than a natural person that can establish a permanent customer relationship with a financial institution or otherwise own property.

"Legal arrangement" means a trust or other similar arrangement.

Declaration of US person status under the Foreign Account Tax Compliance Act (FATCA)

Note: US Indicia means a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US "in-care-of" or "hold mail" address).

Please tick (√) the box as appropriate.

❒ I/We declare and agree that there is no change to my tax status and I am/we are not a "US Person" for US federal income tax purposes and that I am/we are not acting for, or on behalf of a US person. I/We understand that Singapore Life Ltd., believing this statement to be true, will rely and act on it.

❒ I/We declare and agree that I/We have one or more US indicia but I am/we are not a "US Person" for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person. I/We understand that Singapore Life Ltd., believing this statement to be true, will rely and act on it.
(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

❒ I/We declare and agree that I am/we are a "U.S. Person" for U.S. federal income tax purposes.
(If you have selected this option, please complete the **United States of America (US) Person Declaration form** (available at www.singlife.com/fatca) and return to us.

I/We understand that Singapore Life Ltd. is required to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds under cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year. I/We agree that if my/our tax status has changed to a US tax status and/or I/We have become US citizen(s) or resident(s), I/We will notify Singapore Life Ltd. within 30 days of the change.

Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).

Declaration of Tax Residency under the Common Reporting Standard (CRS)

Please tick (√) the box as appropriate.

❒ I/We declare that there is no change to the information that I/We have provided to Singapore Life Ltd. that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.

❒ I/We declare that there is a change(s) to the information that I have provided to Singapore Life Ltd. that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.
(If you have selected this option, the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** (available at www.singlife.com/CRS) and return to us.

I/We declare that I am/we are the Account Holder (or am authorized to sign the Account Holder) of all account(s) to which to this form relates. I/We undertake to notify Singapore Life Ltd. within 30 days of any change in circumstances which affect my/our tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Singapore Life Ltd. a suitably updated self-certification form and declaration within 90 days of such change in circumstances.

For the purposes of this section, Account Holder means the person listed or identified as the policy owner of the policy. A person holding a policy for the benefit of another person as an agent, custodian, nominee, signatory, advisor, intermediary or as a legal guardian is not treated as the Account Holder.

Warning: Please note that providing false or misleading information is an offence under the Singapore Income Tax Act (Chapter 134).

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

G. Declaration and Authorisation

I/We hereby declare that the answers given by me/us in this Form are in every respect true and correct and that no material information or circumstance has been withheld or omitted.

I/We declare that I/We am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We agree that:

a) this claim signifies my/our consent to Singapore Life Ltd. to obtain medical information from any doctor whom the Life Assured has consulted and I/We authorise the doctor to release such information to Singapore Life Ltd.
b) Singapore Life Ltd. may release any relevant information concerning the Life Assured (including medical information) to any third party, which Singapore Life Ltd. deems necessary.
c) any third party who has received any information concerning the Life Assured may also obtain medical information from any doctor whom I/We have consulted, and I/We authorise the doctor to release such information to the third party. The third party may also release relevant information concerning the Life Assured (including medical information) to any other party for any purposes related to the Life Assured's application or my/our claim for the benefits.
d) a photocopied copy of this form shall be treated as valid and binding as if it is the original.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

Note: If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us. Further, you understand that you will be responsible to Singlife for any loss or claim arising out of your failure to obtain consent of the person who you have disclosed.

Signature / thumbprint / Company's Stamp (if applicable)	Date (dd/mm/yyyy)
Name of Assured	
NRIC/FIN/PP No.	Mobile No. *
Email *	Home/Office Tel No.
Residential Address Country	Postal Code
Mailing Address (if different from Residential Address) Country	Postal Code
Signature of Life Assured/Insured Person who is 21 years old or above (if different from Assured)	Date (dd/mm/yyyy)
Name of Life Assured/Insured Person	
NRIC/FIN/PP No.	Mobile No. *
Email *	Home/Office Tel No.

*** Note:** Mobile number and email address provided under this Section will replace our Individual Life & Health records accordingly

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

H. This Section is applicable for Corporate Policies only

I/We hereby authorise Singapore Life Ltd. ("Singlife") to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records concerning the patient at any time and authorise the prior mentioned organisations to disclose all such information to Singlife. A photocopy of this authorisation shall be considered as effective and valid as the original.

I/We hereby authorise Singlife to request from any hospital, physician, person or organisation, all information with respect to any.

I/We declare and undertake that I/we have submitted the actual bills and receipts (including electronic/digital copies) issued by the medical institutions.

I/We understand that Singlife has the right to:

- Ask for originals/certified true copies of the bills and receipts, or contact the medical institution directly, to confirm that the bills and receipts are original.
- Reject claims, recover amounts paid or impose additional charges, if the claim is false or where there are multiple claims made.

I/We declare that the statements and answers stated are true and complete to the best of my/our knowledge and belief.

I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.

I/We also consent to Singlife (and Singlife related group of companies) transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I/We am/are aware that I/we should visit your website regularly to ensure that I/we am/are well informed of the updates.

Name of Claimant	NRIC No.
Address	Company's Name & Stamp
Signature of Claimant	Date (dd/mm/yyyy)

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W