

Allianz Insurance Singapore Pte. Ltd.

## ACCIDENTAL DEATH CLAIM FORM

ALLIANZ ACCIDENT PROTECT PLUS

### THE CLAIMANT IS REQUESTED TO NOTE:

- (a) This form must be completed truthfully and accurately by the executor, assignee, trustee, nominee or proper claimant, as the case may be.
- (b) This form must be filled up and delivered to the Company by email or by post together with all supporting documents in Appendix 1 within 30 days of the occurrence.
- (c) Please state all relevant information requested in this claim form, as complete and accurate as possible together with the supporting documents required. Any documents or reports required to process this claim shall be furnished at the expense of the Claimant.
- (d) The list of documents required is not exhaustive and we may require or request from you additional information/documentation as necessary to process your claim. The submission of an incomplete form, insufficient information or documentation may delay the processing or result in the denial of your claim.
- (e) If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under the policy, your claim may be declined and all benefits under the policy may be forfeited.
- (f) The issuance or acceptance of this form is not an admission of liability by the Company.

### SECTION I : DECEASED INFORMATION

Policy No:	Name of Policyholder: (As per NRIC/FIN/Passport)	
NRIC No (Passport/FIN No. if Claimant is not a Singapore Citizen):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Occupation:	
Deceased Last Address in Singapore:		

### SECTION II : CLAIMANT INFORMATION

Name of Claimant (As per NRIC/FIN/Passport):		
NRIC No. (Passport/FIN No. if Claimant is not a Singapore Citizen):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Details: (Mobile)	(Home)	(Email)
Correspondence Address:		
Are you lodging this claim as a: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Others:		
Relationship between Claimant and Deceased:		

**SECTION III : DEATH INFORMATION**

Date of Death: (DD) (MM) (YY) | Time of Death: ☐ AM ☐ PM

Cause of Death:

Was the death due to suicide or self-inflicted injuries? ☐ Yes ☐ No

Was a post-mortem, toxicology or coroner's inquiry held? ☐ Yes ☐ No

If yes, please furnish us with a copy of the report.

If there is any history of a similar injury/disease/sickness/illness/accident prior to the deceased death, please give details of the Attending Doctor, date of diagnosis and type of treatment received. Please specify recovery date (if any).

Is this a work related injury/disease/sickness/illness/accident? ☐ Yes ☐ No

If yes, please state the name of the employer, the insurance company for Work Injury Insurance and the policy no.

Name and address of any witness of the accident:

**SECTION IV : MEDICAL INFORMATION (PLEASE COMPLETE THIS SECTION IF DEATH IS DUE TO ILLNESS, SICKNESS OR ANY NATURAL CAUSES)**

Date when the deceased first consulted a doctor for this illness : (DD) (MM) (YY)

Date when the deceased first diagnosed for this illness: (DD) (MM) (YY)

Please provide all details of the doctors who attended to the deceased for this illness:

Name of Clinic/Hospital: | Name of Doctor:

Address of Clinic/Hospital: | Contact No:

Date(s) of Consultation/Admission: (DD) (MM) (YY)

Diagnosis and type of treatment received:

**SECTION V : MEDICAL INFORMATION****(PLEASE COMPLETE THIS SECTION IF DEATH IS DUE TO ACCIDENT OR UNNATURAL CAUSES)**Date of Accident: (DD) (MM) (YY) | Time of Accident: ☐ AM ☐ PM

Place and Country of Accident: \_\_\_\_\_

Please describe the nature and extent of injuries sustained:  
\_\_\_\_\_  
\_\_\_\_\_

Were there any eye witness (es) to the accident? If yes, please provide details below:

Name of Witness: \_\_\_\_\_ | Email Address: \_\_\_\_\_

Address/Contact no: \_\_\_\_\_

Relationship with deceased, if any: \_\_\_\_\_

Was the accident reported to the police? ☐ Yes ☐ No  
If yes, please provide police report.**SECTION VI : DEATH ABROAD****(PLEASE COMPLETE THIS SECTION IF DEATH OCCURRED OUTSIDE SINGAPORE)**

Please provide all details of the doctors who certified the death:

Name of Clinic/Hospital: \_\_\_\_\_ | Name of Doctor: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_ | Contact No: \_\_\_\_\_

Was the deceased cremated or buried overseas? ☐ Yes ☐ No  
If yes, please provide cremation/burial permit/documentation  
\_\_\_\_\_  
\_\_\_\_\_Was the deceased's body repatriated back to Singapore for cremation/burial? ☐ Yes ☐ No  
If yes, please provide a copy of the letter from Immigration and Checkpoints Authority (ICA).  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VII : TESTAMENT AND FAMILY STATUS**

Did the deceased leave a Will?

☐ Yes ☐ No

If yes, please complete the following information:

Name of Executor:

NRIC No. (Passport/FIN No. if Executor is not a Singapore Citizen):

Contact No:

Address of Executor:

Was a Grant of Probate or Grant of Letters of Administration applied for?

☐ Yes ☐ No

If yes, please provide a copy.

What was the deceased's marital status? Single/Married/Divorced/Separated/Widowed

*\* Please delete accordingly***SECTION VIII : DETAILS OF OTHER INSURANCE CLAIMS**

Name of Insurer	Policy No:	Type of Benefit/Plan	Date of Issue	Sum Assured

**SECTION IX : BENEFICIAL OWNER**

If the beneficiary (ies) is a legal person (corporate entity) or legal arrangement (a trust, foundation or other similar arrangements), please submit a copy of the business registration document (eg. ACRA) or its equivalent of Beneficial Owner(s).

If there is any corporate shareholder(s) that owns  $\geq 25\%$  of the beneficiary (entity), you are required to provide a copy of the business registration information (eg. ACRA document) or its equivalent, down to the ultimate individual shareholder.

**SECTION X : FOR BANK'S USE**

Financial Service Consultant	Financial Service Consultant Code	Bank Branch	Bank Branch Reference No.	Contact No.

## PERSONAL INFORMATION COLLECTION STATEMENT

Allianz Insurance Singapore Pte. Ltd., ("Allianz" or "we" or "us"), believes that an individual's Personal Information should be handled with the utmost respect and we are committed to protecting their privacy and confidentiality.

### 1. Purpose Of Collecting Personal Data

We may use the personal data for the following purposes:

- (a) processing and evaluating your insurance application;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) investigate, process and pay claims made under your insurance policy;
- (d) invoicing and collecting premiums and outstanding amounts from you;
- (e) verifying your identity;
- (f) detect and prevent fraud;
- (g) reinsurance purposes;
- (h) statistical analysis, research and quality assurance;
- (i) responding to, handling, and processing queries, requests, applications, complaints, and feedback from you;
- (j) complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority;
- (k) disaster recovery, data entry and data storage; and
- (l) any other incidental business purposes related to or in connection with the above.

### 2. Disclosure Of Personal Data

We may disclose or transfer, within or outside of Singapore, your personal data for the purposes set out above to:

- (a) our related or associated companies, insurance intermediaries, financial institutions, professional advisers, consultants and auditors;
- (b) insurers and reinsurers;
- (c) medical institutions and professionals;
- (d) industry associations;
- (e) debt collection agencies;
- (f) parties who assist us in claim investigation, administration and adjudication;
- (g) service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the services that we offer to you, and their directors, officers, employees, representatives, agents or delegates. These service providers with whom we

have contractual relationships are required to provide a standard of protection to the transferred personal data that is comparable to the protection under the Singapore Personal Data Protection Act 2012 and consistent with our personal data protection policies and practices; and

- (h) regulators, government agencies and law enforcement agencies

### 3. Withdrawal of consent

The consent that you provide for the collection, use and disclosure of your personal data will remain valid until such time it is being withdrawn by you in writing. You may withdraw consent and request us to stop using and/or disclosing your personal data at any time for any or all of the purposes listed above by submitting your request in writing to our Data Protection Officer at the contact details provided below. Your withdrawal consent will take effect within 30 days of receiving your request. Consequently, we will cease to collect, use or disclose your Personal Information, unless it is required under the Personal Data Protection 2012 or any other written Applicable Laws. If you withdraw your consent to any of the above, we may not be able to provide you with the services that you have requested for and we will inform you of the consequences of such withdrawal of consent where applicable.

### 4. For Enquiries Relating To Personal Data Protection, Access Or Correction Of Your Personal Data, Please Write To Us At:

The Data Protection Officer  
Allianz Insurance Singapore Pte. Ltd.  
79 Robinson Road #09-01  
Singapore 068897  
Email: [dpo@allianz.sg](mailto:dpo@allianz.sg)

**DECLARATION**

I/We hereby declare that I/We have complied with the policy Terms & Conditions, all information provided in this claim form and documents submitted are true, accurate and complete to the best of my knowledge. I/We certify that I/We have not withheld any material information. I/We understand that if I/we intentionally made any false or fraudulent statement or conceal any material fact, Allianz reserves the right to repudiate the claim. I/We undertake to advise Allianz promptly of all developments in connection with the claim.

I/We authorise the release of my/our medical information necessary to process this claim.

I/We hereby give consent to Allianz and its third parties service providers, related entities, business partners, employees and agents to collect, use, disclose and/or transfer, within or outside of Singapore all personal data related to me and other individuals provided by me in this application for one or more above mentioned purposes. I/We warrant that I/We have obtained consent from the other individuals whom personal data furnished by me/us in this application for one or more abovementioned purposes.

I/We confirm that I/We understand and agree to the Personal Information Collection Statement.

Signature of Claimant: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX I: DOCUMENTS REQUIRED FOR CLAIMS SUBMISSION

Kindly provide the following documents for us to assess your claim. Additional information may be required for further verification.

- ☐ Original or certified true copy\* of the Insured's death certificate
- ☐ Original or certified true copy\* Proof of relationship (refer to Table A below)
- ☐ Original or certified true copy\* Claimant's NRIC or identification document of the Claimant
- ☐ Copy of Will (if any)
- ☐ Original Insurance Policy (if available)
- ☐ Letter of Consent Form
- ☐ Copy of Police report (if related to Motor vehicle accident or any accident that requires such report to be lodged)
- ☐ Driver's driving license, if driving at the time of the accident
- ☐ Copy of post-mortem Report and/or autopsy report including Toxicology Report
- ☐ Copy of Coroner's Inquest Verdict, if any
- ☐ Grant of Probate & Letters of Administration
- ☐ Court Order documents that presumes the death of the Insured due to Insured missing.

Additional documents required if death was due to an Accident OR if death occurred overseas:

- ☐ Newspaper clipping (if any)
- ☐ Burial Cremation Documentation and Letter from ICA (Immigration and Checkpoint) confirming the invalidation of Deceased's Singapore IC/Passport – if death occurred overseas
- ☐ All documents that are not issued in Singapore must be authenticated by either i) the Singapore Embassy in the country of death, ii) Singapore Consulate or iii) Notary Public.

**Table A (Documents required for proof of relationship):**

Claimant/Beneficiaries	Documents Required
Spouse	Certified True Copy* of the Marriage Certificate
Children	Certified True Copy* of the Birth Certificate of the child
Parent	Certified True Copy* of the Birth Certificate of the deceased
Sibling	Certified True Copy* of the Birth Certificate of the deceased sibling

**\* Original or Certified True Copy** of death certificate, proof of entitlement and NRIC/Identification document can be certified by our Customer Service Officer, Agency Executive, a lawyer or Notary Public. Financial Services Consultant (FSC)/Insurance Representative (IR) is able to certify true copies of these documents provided that the original document is issued in Singapore by the relevant authorities and FSC/IR is not related to the Insured and/or claimant by blood or marriage. FSC/IR will be required to write his/her name, agency and mobile number on the photocopy.