



# 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 1-800-8804888 or visit our AXA Customer Centre at 8 Shenton Way #01-21/22 AXA Tower Singapore 068811
5. You can submit this form through any of the following methods:
  - a) By Post to:-  
Life Claims Department  
AXA Insurance Pte Ltd  
8 Shenton Way #24-01 AXA Tower  
Singapore 068811
  - b) Walk-in to our Customer Care Counter at AXA Tower (Level 1)

## 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) Who is/are the beneficiary(ies) whom you are acting for if deceased did not leave behind any Will or there is no Nomination of Beneficiaries made for the policy(ies)?

Name	Nationality	Date of Birth	Gender	Address



(d) Did deceased leave any surviving immediate family members?  Yes  No

If "Yes", please provide the number of surviving immediate family member and their relationship to him/her.

Name	Relationship to deceased	Age

### 5. Your Contact Details

Mobile phone number\*

Residence 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.

### 6. Settlement Method (please tick 1 box only)

- By Cheque & Post
- By Cheque & Collect personally by myself at AXA Tower
- By Cheque & Collect personally by Deceased's Financial Consultant at AXA Tower

#### **For AXA Private Wealth VUL, AXA 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) AXA 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.

## 7. Track Your Claim Status

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



1800 8804888



[comsvc@axa.com.sg](mailto:comsvc@axa.com.sg)

*AXA is committed to making your insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.*



## 8. 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"/> Certified True Copy of Death Certificate by our Customer Service Officer or your Financial Consultant. This is applicable for Death in Singapore only</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 our Customer Service Officer OR Certified True Copy 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 or Toxicology Report (if any)</li> <li><input type="checkbox"/> Coroner's Certificate with Investigation Report and Coroner's Findings</li> </ul>



## 9. Declaration & Authorization

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 AUTHORIZE, 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 organization, institution or person, that has any records or knowledge of the life insured to disclose and make available to AXA Insurance such details and records as may be requested by the Company.
3. The AXA Group and AXA Insurance Pte Ltd have 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"), AXA Insurance and the AXA Group 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 AXA Insurance and AXA Group, 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 AXA Insurance and their respective 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 AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA 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 AXA, and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.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