



CLAIMANT'S STATEMENT

On the Life of:

Claim under Policy No.:

Questions to be answered by the Executor, Administrator, Assignee or other Person submitting the Proof of Death.

1. Name of the Insured Member - now deceased

2. Where did the deceased reside?

3. What was deceased's occupation at time of death?

4. When and where was the deceased born?
(If age has not been admitted, a certificate of date of birth must be furnished).

5. When and where did deceased die?

6. What was the cause of deceased's death?

7. How long was deceased ill?

8. Had deceased had any illness previously?

 Yes No

If Yes, please give details:

9. Who attended to the deceased as Medical Adviser?

10. Has deceased left a Will?

 Yes No

If Yes, please give details:

11. i) Please state deceased marital status at time of death.

ii) Are there any surviving parents of the deceased?

 Yes No

If Yes, please give details:

iii) Please state number of surviving siblings of the deceased:

12. Are there any surviving children of the deceased?

Yes

No

If Yes, please give details:

13. Is there another policy in force on the life? If so, please state:

Company	Amount now due on death	Date of the policy

14. Has the Insured Member 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?

Yes

No

If Yes, please give details:

15. Please state your relationship to the deceased.
(E.g. spouse, parents, executor of will, etc)

Declaration, Authorisation and Consent (to be signed by the Claimant) :

(a) I hereby declare that the statements and answers given in this form are true and complete to the best of my knowledge and belief, and further, that I have not made any false or fraudulent statement, suppressed or concealed any facts. (b) I hereby expressly authorise and consent to: (i) any hospital, medical practitioner, clinic, any medical source and any insurance office to disclose to Prudential Assurance Company Singapore (Pte) Limited ("Prudential") or its appointed third party service providers, all information relating to me or the dependent, including my/our personal particulars, my/our medical records, and any information required; and (ii) Prudential collecting, using and disclosing the information set out in sub-section (i), above to any of the following persons whether in Singapore or elsewhere: (1) Prudential's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;(2) any of Prudential's contractors or third party service providers; and (3) the Policyholder and its appointed intermediary,for the purposes of claims assessment, policy servicing, statistical analysis, investigation of Prudential's representatives and monitoring undesirable sales practices. (c) I understand and agree that a photocopy of this authorisation shall be as valid as the original.

Name of Claimant (in Block Letters)

Claimant's Signature / Date

NRIC No. of Claimant

Occupation of Claimant

Address of Claimant (in Block Letters)

Contact Telephone Numbers of Claimant

If interpretation is required for the completion of this form, please state:

Name and NRIC No. of **Interpreter**

Signature of Interpreter / Date

**Prudential Assurance Co. Singapore (Pte) Ltd (Reg. No 199002477Z)
Enterprise Solutions, Claims.**

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