

# CLAIM FORM

## IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

In order for your claim to be processed as quickly as possible, we need some information about the Claimant and the Insured. Prior to completing this statement, please read the instructions on the back of this form. If there is more than one Claimant, each Claimant must complete a separate Claim Form.

The Policy of Insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda).

Please attach **one original officially certified Death Certificate** for each Insured.

### A. Information about the Insured:

Select the box that applies

Policy number(s) under which you are presenting a claim		<input type="text"/>	
Insured's Name	<input type="text"/>		
ID Number	<input type="text"/>		
	Type	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="text"/>	
Address	Number/Street/Building		
	<input type="text"/>		
	City	Province	
	Country	Postal Code	
Date of Birth	<input type="text"/> (dd/mm/yyyy)		
Date last worked	<input type="text"/> (dd/mm/yyyy)		
Occupation at Death	<input type="text"/>		
Date of Death	<input type="text"/> (dd/mm/yyyy)		
Cause of Death	<input type="text"/>		

**B. Complete this section only if the policy was issued or reinstated within two years of the date of death. Also, please return the policy, if possible.**

When did the Insured first complain of or give other indications of last illness?			
When did the Insured first consult a physician for last illness?			
Names of all physicians or practitioners who attended the Insured within 5 years preceding death (attach additional sheet if necessary).			
Name	Address	Date of Attendance (dd/mm/yyyy)	Condition(s)
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

**C. Information about the Beneficiary/Claimant**  Select the box that applies

Name			
Residential Address	Number/Street/Building		
	City	Province	
	Country	Postal Code	
Date of Birth	_ _ _ _ _ _ _ _ _ _  (dd/mm/yyyy)		
ID Number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _  Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Business Registration <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Other _____		

**D. Payment Instruction**  Select the box that applies

I/We, hereby, authorise Transamerica Life Bermuda to arrange proceeds as follows (If no option is selected, proceeds will be paid by cheque to Beneficiary):		
Payment Method	<input type="checkbox"/> By cheque (applicable to amount less than USD500,000 or equivalent. For USD cheque, a local clearing USD cheque will be issued. )	<input type="checkbox"/> By Telegraphic Transfer (Please complete below Telegraphic Transfer Details Section. )

**E. Telegraphic Transfer Details**

Correspondent Bank Information (if applicable)

Correspondent Bank Name	
Correspondent Bank Swift Code	[   ]
Correspondent Bank Address	

Beneficiary Bank Information

Beneficiary Account Holder Name	
Beneficiary Account Number	[   ]
Beneficiary Swift Code	[   ]
Beneficiary Bank Name	
Beneficiary Bank Address	

Note: Payment must be made to Beneficiary/Claimant only.

## Declaration, Consent and Authorisation

### **I, THE BENEFICIARY / CLAIMANT, HEREBY:**

Consent and Authorise:

- a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of the insured's health and medical history or treatments to provide such information about the insured (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of the insured's physical or mental conditions and/or treatments to Transamerica Life Bermuda (or its legal representatives); and
- b) Transamerica Life Bermuda to disclose such medical or other information about the insured which has been provided to Transamerica Life Bermuda or which Transamerica Life Bermuda develops during its evaluation of any application or claim for life insurance to: (i) its reinsurers; (ii) any other insurance company that the insured may designate; (iii) the insured's insurance intermediary, when that insurance intermediary is seeking insurance coverage through Transamerica Life Bermuda on the insured's behalf; (iv) any medical professional that the insured may have designated; and (v) any person or entity entitled to receive such information by law.

## Personal Information Collection Statement

Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda) is committed to complying with the Personal Data Protection Act 2012 in relation to the collection, use, disclosure, transfer, retention and storage of your personal data.

### **Collection**

From time to time, it will be necessary for customers or other persons to supply Transamerica Life Bermuda with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.

### **Purpose**

The personal data collected by Transamerica Life Bermuda on this Application Form, any supplementary forms, as part of your insurance application, any claims documentation or elsewhere from time to time may be used for the following purposes:

- a) processing, evaluating and underwriting your insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments or renewals of your insurance policy;
- b) administering your insurance policy and providing services, including access to and maintenance of any online platform in relation to your insurance policy;
- c) investigating, processing and paying any claims under your insurance policy or an insurance policy under which any moneys may be payable to you;
- d) invoicing and collecting premiums and outstanding amounts from you;
- e) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
- f) arranging reinsurance;
- g) other ancillary purposes which are directly related to the above purposes; and
- h) complying with any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Singapore) that is assumed by or imposed on Transamerica Life Bermuda or any members of Transamerica Life Bermuda by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies.

**Transferees:**

The personal data collected by Transamerica Life Bermuda will be kept confidential but subject to any applicable laws, Transamerica Life Bermuda may disclose your personal data for the above purposes to the following classes of transferees (whether in Singapore or elsewhere):

- a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c) in the event of default, debt collectors and recovery agents;
- d) in the event of dispute, Financial Industry Disputes Resolution Centre Ltd;
- e) insurance reference bureaus or credit reference bureaus;
- f) reinsurers and reinsurance brokers;
- g) any insurance intermediary which services your policy (including your insurance broker (if you have one), and its successors or assigns);
- h) the owner of the policy (if different from the insured);
- i) Transamerica Life Bermuda’s legal and professional advisors;
- j) Transamerica Life Bermuda’s related companies;
- k) government agencies and authorities as required or permitted by law.

Transamerica Life Bermuda may also use and disclose your personal data otherwise with your prior consent to the relevant use or disclosure.

In connection with the purposes outlined above, we may transfer your personal data outside Singapore to any of the classes of transferees set out above (“Transferees”). Such Transferees may be situated in jurisdictions including but not limited to Hong Kong, Bermuda, United States, Netherlands, Switzerland and/or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance. That means your personal data may or may not be protected to the same standard as is required in Singapore.

**Please indicate your consent to the transfer of your data outside Singapore by ticking the box below. Failure to provide your consent will result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.**

**I consent to the transfer of my personal data outside Singapore.**

**Use and provision of personal data in direct marketing:**

With your consent, Transamerica Life Bermuda may use your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to contact you, by mail, email, telephone, fax or SMS, with direct marketing communications regarding financial and insurance products Transamerica Life Bermuda may offer from time to time as well as information on reward or loyalty programmes. **Please tick the box below if you consent to receive such direct marketing communications from Transamerica Life Bermuda.**

**I consent to receiving marketing communications from Transamerica Life Bermuda.**

With your consent, Transamerica Life Bermuda may provide your personal details to another company for direct marketing. Transamerica Life Bermuda may provide your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to its related companies, who may, by mail, email, telephone, fax or SMS, send you direct marketing communications regarding financial and insurance products offered by the related companies as well as reward or loyalty programmes. **Please tick the box below if you consent to Transamerica Life Bermuda providing your personal data to its related companies and wish to receive direct marketing communications from those related companies.**

**I consent to receiving marketing communications from Transamerica Life Bermuda’s related companies.**

**Access to and correction of personal data:**

It is mandatory to provide all of the personal data requested on the Application Form. Failure to provide all the personal data requested on this Application Form may mean that Transamerica Life Bermuda are unable to process your application.

You may seek access to and request correction of any personal data Transamerica Life Bermuda holds about you by sending a written request to: The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Singapore Branch Office, 1 Finlayson Green, #13-00, Singapore 049246.

A reasonable fee may be charged to offset any administrative and actual costs incurred by us in complying with your data access requests.



Declaration by Beneficiary/Claimant

Select the box that applies

Declaration by Beneficiary / Claimant

I/We agree that payment made to me/us pursuant to this claim in the manner as directed above fully and finally satisfies and discharges Transamerica Life Bermuda's payment obligations to me/us under the Policy and no further claim will be made by me/us under the Policy.

**Signature of Beneficiary/Claimant\***

Signed at	(City, Country)	Date	<input type="text" value="dd/mm/yyyy"/>
Name		Phone Number	<input type="text"/>
Signature (include Title, if Corporation or Trust)			

X

**Signature of Witness to Beneficiary/Claimant**

Signed at	(City, Country)	Date	<input type="text" value="dd/mm/yyyy"/>
Name			
ID Number		Signature	
Type	<input type="text"/>		
<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other _____			
Address			

X

\* Note :

To update your contact information, please submit the Change of Contact Details Form available from your insurance intermediary.

## Instructions

- (1) Each Beneficiary or Claimant is to complete and sign a Claim Form. If any of the beneficiaries named in the certificate or policy are deceased, a certified copy of the Death Certificate of that deceased beneficiary must accompany this form (only one certified Death Certificate is needed per Insured).
- (2) If the benefits are payable to the Estate or to the Executor or Administrator of the Insured, the Claim Form should be completed by the legally appointed Executor or Administrator. A court certificate of the appointment (Letters Probate) must be furnished. The Executor or Administrator should furnish the estate's U.S. Tax ID Number, if applicable.
- (3) If the benefits are payable to a minor or a mentally incompetent person, this form is to be completed by the legal guardian or conservator of their estate. A court certificate of the appointment is to be furnished; otherwise contact Transamerica Life Bermuda for instructions.
- (4) If the benefits are payable to a trust, the trustee should complete the Claim Form and attach a statement that the trust is currently in force and that the trustee is now actively serving thereunder. The trustee should furnish the trust U.S. Tax ID Number and a copy of the first page and signature page, as well as those pages of the trust document relating to the appointment of the Trustee/Successor Trustee(s) and designation of beneficiary.
- (5) If the policy has been collaterally assigned, this form may be completed by the collateral assignee alone. If the indebtedness secured by the collateral assignment is less than the benefits payable under the policy, the form may be completed by both the beneficiary and the assignee.
- (6) Under current U.S. federal tax laws, each U.S. Claimant is required to provide us with a U.S. Social Security number or Tax ID Number and certify that you are not subject to backup withholding. You may be subject to backup withholding on any claim interest if (1) you fail to provide us with your U.S. Social Security number or Tax ID Number, pursuant to Internal Revenue Code ("IRC") Section 3406 (a) (1) (A); or (2) you were notified that you have underreported interest or dividend income or you were required to but failed to file a return which would have included reportable interest or dividend payments, pursuant to IRC Section 3406 (a) (1) (C). If you are a U.S. person subject to these backup withholding rules, we are required to withhold 28% of any reportable interest payment.

## Fraud Warning

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/or confinement in prison.