TERMINAL ILLNESS CLAIM FORM

Dear claimant,

We are sorry to learn of your illness / injury.

As part of our claim process, we would require the following documents to be completed and returned to us:

1. Claimant's Statement
2. Specialist Report (to be completed by your attending doctor);
3. All medical reports / laboratory reports / Hospital Discharge Summary;
4. Letter of Authorization for Release of Medical Information; and
5. NRIC or relevant identification documents (e.g. passports, birth certificates) of claimant.

If the original document is issued outside of Singapore, we require a certified true copy of that document. Only our Customer Care Officer, a Singapore lawyer or a Notary Public may certify documents to be true copies.

Please note that all submitted documents must be in English and all other non-English documents to be submitted must be translated into English by a licensed translator.

We will process your claim upon receiving all the required claim documents and inform you of the outcome as soon as possible.

Important Notes

1. The acceptance of the claim is not an admission of liability by China Life Insurance (Singapore) Pte. Ltd. ("CLIS", "our", "us", "we").
2. The expenses for obtaining the specialist report and all medical and laboratory reports or any hospital discharge summary will be borne by you.
3. CLIS may require you to provide further documents when deemed necessary.
4. Please continue to pay the premiums to keep your policy in force.

Submission of documents

1. Please submit all claim documents at our office through your adviser OR by post to:
   China Life Insurance (Singapore) Pte Ltd.
   1 Raffles Place #46-00
   One Raffles Place Tower 1
   Singapore 048616
2. If you need any assistance, please contact our Customer Service Officers at 6727 4800 or email us at CustomerCare@chinalife.com.sg. Our operating hours are from Mondays to Fridays, 9.00am to 5:30pm, excluding Public Holidays.

POLICY NUMBER(S)

SECTION A: INFORMATION ON POLICY OWNER

1.	Full name (as shown in NRIC / Passport)	
2.	Identification number (NRIC / Passport)	
3.	Address	
4.	Contact number	
5.	Email address	

SECTION B: INFORMATION ON LIFE INSURED

1.	Full name (as shown in NRIC / Passport)	
2.	Identification number (NRIC / Passport)	
3.	Date of birth (dd/mm/yyyy)	
4.	Gender	
5.	Address	
6.	Contact number	
7.	Email address	
8.	Occupation	
9.	Name and address of employer	

SECTION C: DETAILS OF ILLNESS

1.	Describe in full the signs and symptoms for which the Life Insured consulted a doctor.		
2.	How long did the Life Insured have the above signs and symptoms before he / she consulted a doctor?		
3.	Date when the Life Insured first consulted a doctor (dd/mm/yyyy)		
4.	Has the Life Insured previously suffered from or received treatment for a similar or related illness / injury?	☐ Yes ☐ No	
	If "Yes", please provide the full details.		
5.	Please provide the details of all doctors and specialists whom the Life Insured has consulted which is related to this illness/injury.		
	Description of Medical Condition	Date(s) of Diagnosis	Name and Address of Attending Doctor
6.	Name and address of Life Insured's regular doctor and company doctor for all medical condition(s).		
	Description of Medical Condition	Date(s) of Diagnosis	Name and Address of Attending Doctor

SECTION D: OTHER INSURANCE

1.	Does the Life Insured have similar benefits with any other insurance company? If yes, please provide the following details:			
Name of Insurer	Type of Plan	Date of Issue	Sum Insured	Successful Claim (Yes / No)

SECTION E: PAYMENT METHOD

For SGD and USD Denominated Policy (please tick ✓ the appropriate box)

Payment will be made by cheque

☐ Send by post

☐ Collect from China Life Insurance (Singapore)'s office on _____ (date)

SECTION F: CLAIMANT'S DECLARATION

I declare that the information stated in this form and supporting document(s) is true and complete, and I have not withheld any material fact to the best of my knowledge. I understand that the policy may be void if any information provided in this claim form by me is materially false or misleading.

I hereby warrant and represent that I have been properly authorized by the policy owner and / or the life insured to submit information pertaining to this claim.

I further declare that I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last twelve (12) months and that no receiving order or adjudication in bankruptcy has been made against me during that period.

I expressly authorise and consent to China Life Insurance (Singapore) Pte. Ltd. ("CLIS") and its officers, employees and representatives collecting from, using and disclosing to any of the following persons, whether in Singapore or elsewhere, at their sole discretion, any and all information relating to me and / or the life insured, including personal particulars, transactions and dealings with CLIS:

a) any doctor, hospital, clinic, insurance company;

b) CLIS's holding companies, branches, representative offices, subsidiaries, related corporations or affiliates;

c) any of CLIS's contractors or third party service providers or distribution partners or professional advisers or representatives; and

d) any regulatory, supervisory or other authority, court of law, tribunal or person, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice,

for the purpose of processing, investigating and assessing this claim.

I understand that CLIS has a Personal Data Protection Notice, which sets out the purposes for which personal data may also be used and disclosed, and it is available at www.chinalife.com.sg, which I confirm I have read and understood.

I agree to indemnify and hold harmless CLIS and its officers, employees, representatives or partners against all claims, losses, damages and legal costs that may arise in the event I am in breach of any representation and warranty provided to me herein.

I agree that a photocopy or electronic version of this authorization shall be valid as the original.

Signature/Thumbprint of policy owner	NRIC / Passport No.	Date
Signature/Thumbprint of Life Insured (if is different from policyholder and above age of 18)	NRIC / Passport No.	Date

CLAIMANT'S FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) & COMMON REPORTING STANDARD (CRS) INDIVIDUAL SELF-CERTIFICATION FORM

中国人寿 CHINA LIFE | 新加坡 SINGAPORE

中国人寿保险(新加坡)有限公司
China Life Insurance (Singapore) Pte. Ltd.

Important Notes:

- **If there are multiple claimants*, each claimant is required to complete a copy of this form.**
- **This is a self-certification form provided by a claimant ("Account Holder") to China Life Insurance (Singapore) Pte. Ltd. ("CLIS"), a reporting financial institution, for the purpose of automatic exchange of financial account information. The data collected may be transmitted by CLIS to the Inland Revenue Authority of Singapore for transfer to the tax authority of another country/ jurisdiction.**
- **All parts of the form must be completed (unless not applicable or otherwise specified). If the space provided is insufficient, please continue on additional sheet(s).**
- **As CLIS is unable to give tax advice, please consult a tax adviser or the Inland Revenue Authority of Singapore's website at https://www.iras.gov.sg/irashome/Quick-Links/International-Tax for more information.**

*Claimants for non-death benefits can be paid to non-policy owner. Please note that only the non-policy owner who have not declared their tax residency with the Company needs to complete this form. Example of a non-policy owner is a Trustee under Section 49L of the Insurance Act.

Policy Number: _____

Part 1 Identification of Individual Account Holder

1.	**Name of Account Holder**	
2.	**NRIC/Passport Number**	
3.	**Current Residence Address**	
4.	**Mailing Address (Complete if different from current residence address)**	
5.	**Contact Number**	(Country Code) (Number) (Country Name)
6.	**Date of Birth (dd/mm/yyyy)**	
7.	**Country of Birth**	

Part 2 Self-Certification for Tax Purposes

A. Declaration of United States ("US") Person# Status

Please select one, whichever applicable:

☐ The Account Holder does not have any US Indicia* and is not a US person#

☐ The Account Holder has one or more US indicia* and is not a US person#. *(Please complete and submit W-8BEN and provide supporting documents)*.

☐ The Account Holder is a US person#. *(Please complete and submit US IRS Form W-9)*.

#US person means a US citizen or resident individual, a partnership or corporation organised in the US or under the laws of the US OR any State thereof, a trust if (i) a court within the US would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.

*"US indicia" means US citizenship, US residency (green card holder), US taxpayer identification number, US place of birth, US residential or mailing address, US telephone number, standing instructions to transfer funds to an account maintained in the US and a currently effective power of attorney or signatory authority granted to a person with a US address.

B. Declaration of Tax Residency under Common Reporting Standard

Please complete the following table indicating:

(a) the country/jurisdiction (including Singapore) where you are a **resident for tax purposes**; and

(b) your Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated.

If you are a Singapore tax resident, your Singapore TIN is your NRIC, FIN, Income Tax Reference Number or the IRAS Assigned Tax Reference Number.

If you are a tax resident in more than five countries/jurisdictions, please continue on additional sheet(s). If a TIN is unavailable, please provide the appropriate reason **A**, **B** or **C** where indicated below:

Reason A - The country/jurisdiction where you are resident does not issue TINs to its residents

Reason B - You are otherwise unable to obtain a TIN or equivalent number *(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)*

Reason C - No TIN is required *(Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)*

Country/Jurisdiction of Tax Residence	TIN	Enter Reason A, B or C if no TIN is available	Explain why you are unable to obtain a TIN if you have selected Reason B
		☐ **A** ☐ **B** ☐ **C**	
		☐ **A** ☐ **B** ☐ **C**	
		☐ **A** ☐ **B** ☐ **C**	
		☐ **A** ☐ **B** ☐ **C**	
		☐ **A** ☐ **B** ☐ **C**	

C. Clarification of Tax Residency Information Provided

If the country(ies) of your residential address, mailing address and contact number(s) are different from your country(ies) of tax residence declared in section B above, please explain why and provide supporting documents:

Part 3 Declaration and Signature

I acknowledge and agree that:

(a) the information contained in this form is collected and may be kept by China Life Insurance (Singapore) Pte. Ltd. ("CLIS") for the purpose of automatic exchange of financial account information; and

(b) such information and information regarding the Account Holder and any reportable account(s) may be reported by CLIS to the Inland Revenue Authority of Singapore and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be resident for tax purposes.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) identified in Part 1 of this form.

I undertake to advise CLIS of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide CLIS with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are,to the best of my knowledge and belief,true,correct and complete.

Signature	
Name	
Date (dd/mm/yyyy)	
Capacity	

(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified true copy of the power of attorney)

SPECIALIST REPORT
TERMINAL ILLNESS

中国人寿 CHINA LIFE | 新加坡 SINGAPORE

中国人寿保险(新加坡)有限公司
China Life Insurance (Singapore) Pte. Ltd.

Name of Patient:	NRIC / Passport No. of patient:
Name of Specialist:	MCR No.
Name of Medical Institution:	

SECTION A:

1.	Date of the first consultation with the patient for his/her condition (dd/mm/yyyy)	
2.	When was his/her last consultation with you?	
3.	What were the presenting symptoms when you first saw the patient?	
4.	When did the above symptoms first present?	
5.	What is the diagnosis? Please describe the full and exact diagnosis of the condition causing the patient to be terminally ill.	
6.	When was the patient informed of the diagnosis?	
7.	What treatment is the patient currently receiving? For medications, please state the types and dosages of the medication(s).	
8.	Are active treatment(s) and therapy(ies) been rejected in favour of the relief of symptoms now?	☐ Yes ☐ No
a.	If "Yes", please give details why this opinion or course of action is taken.	
9.	What is/are the underlying cause(s)? Please also provide details if there are any other medical conditions associated with the cause of the terminal illness.	

Signature of Doctor

Date

SECTION B:

1.	What is the prognosis for the patient? (No. of months)		
2.	Is the patient's condition incurable, i.e. cannot be adequately treated and beyond any hope of recovery?		☐ Yes ☐ No
3.	Is the advent of death highly probable within 12 months from the date of your most recent clinical / diagnostic examination?		☐ Yes ☐ No
4.	Based on your above answers, please explain and give supporting medical evidence to substantiate your views.		
5.	Is the patient currently an in-patient in a nursing home, hospital, hospice or other institution that provides constant care and medical attention?		☐ Yes ☐ No
a.	If "Yes", please provide the admission date (dd/mm/yyyy)		
6.	Were you the doctor who first diagnosed the patient with this condition?		☐ Yes ☐ No
a.	If you have answered "Yes" in Question (6), please provide the start and end dates of your medical records.	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)
	If you are not the first doctor who diagnosed the patient with this condition, please answer questions (b) to (e):		
b.	Name and practice address of the doctor who first made the diagnosis or had treated the patient for this condition.		
c.	Date of the diagnosis made by the previous doctor. (dd/mm/yyyy)		
d.	When was the referral made for the patient to consult you? (dd/mm/yyyy)		
e.	What was the reason provided for referral? Please attach a copy of the referral letter.		

Signature of Doctor

Date

SECTION C:

1.	In accordance to the Singapore's Mental Capacity Act (Cap 177A), is the patient mentally incapacitated?			☐ Yes ☐ No
2.	Is the patient's terminal illness in the presence of or due to:-			
2a.	AIDS, AIDS- related complex or infection by HIV?			☐ Yes ☐ No
2b.	Attempted suicide or self-inflicted injuries?			☐ Yes ☐ No
	If you have answered "Yes" in Question (2a) or (2b), please provide a copy of the investigative test results.			
3.	Please provide details of any other significant health condition(s) that the patient is suffering from:			
	Medical Condition	Date of Diagnosis	Name and Address of Consulting Doctor	Type and Date of treatment(s)

Signature of Doctor

Date

Name of Doctor: