

**CONNECTEDLIFE GROUP INSURANCE – CLAIMS PROCEDURE AT A GLANCE**

Please refer to the following documents required for filing of claim:

**For Death Claim under Group Personal Accident policy:**

- 1) Death Claim Form (to be completed)
- 2) Certified True Copy of Death Certificate
- 3) Certified True Copy of claimant's identity card (front and back)
- 4) Proof of Claimant's relationship with deceased as follows (where applicable):

<u>Claimant</u>	<u>Documents required (Certified True Copy)</u>
Spouse	Marriage Certificate of Claimant
Child	Birth Certificate of Claimant
Parent	Birth Certificate of deceased
Sibling	Birth Certificate of deceased and Claimant

- 5) Newspaper Clipping (if any)
- 6) Police Investigation Report
- 7) Post Mortem / Autopsy Report including Toxicology Report
- 8) Coroner's Inquest / Verdict

**IMPORTANT NOTE:**

- The above are the basic documents required for filing the claim, any other additional documents required will depend on the case itself. We reserve the right to pursue for the said documents.
- For submission via email, please ensure that documents are colored scanned.

**Submission of claim documents:**

To submit a claim, complete the relevant Claim Form and also have on-hand the required supporting documents. Thereafter, email us the complete set of claim documents for our claim review. We will acknowledge your electronic claim submission within 2 business days.

Alternatively, you may call us and we will be able to guide you through the claim process.

You may contact us at:

**Claims Hotline** – 6827 8030

**Our Operating Hours:**

Mondays – Fridays 8.45am – 5.30pm

Closed on Saturdays, Sundays and Public Holidays

**Email Address** – [Managed\\_Care3@aviva-asia.com](mailto:Managed_Care3@aviva-asia.com)

**ConnectedLife Claims Hotline** – 9145 1576

**Email Address** – [customer@connectedlife.io](mailto:customer@connectedlife.io)

## CONNECTEDLIFE GROUP INSURANCE DEATH CLAIM FORM

**IMPORTANT:**

1. Please refer to the **Claims Procedure at a Glance** for documents required for submission of this claim.
2. The Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
3. The Claimant shall bear the cost of medical reports fees (if any).
4. Aviva Ltd does not admit liability by the mere issue of this or any other form.

**To be completed by the Claimant**

<b>A. Details of Deceased</b>			
Name of Deceased		NRIC/FIN/Passport No.	
Date of Birth	Marital Status	Gender	
Date of Death	Cause of Death	Place of Death	Was the death due to suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was a post mortem or autopsy carried out? (If "Yes", please submit a copy of the report)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was any Coroner's Inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the Deceased leave a will? (If "Yes", please enclose the Last Will)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who are the surviving family members of the Deceased?	
Is the Deceased insured with other insurance companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please indicate:			
(1) Name of insurance companies: _____			
(2) Policies No. _____			
<b>B. Details of Accident</b>			
(1) Date of accident (dd/mm/yyyy): _____			
(2) Place of accident (dd/mm/yyyy): _____			
(3) Time of accident: _____			
(4) Detailed description of accident:			
_____			
_____			
_____			
(5) Detailed description of injuries:			
_____			
_____			
_____			



**C. CLAIMANT'S DECLARATION AND AUTHORISATION**

I/We declare that the answers given by me/us in this form are in every respect true and correct and that no material information has been withheld or any relevant circumstance omitted.

I/We declare that I/we am/are not an undischarged bankrupt and there is no actual or pending bankruptcy proceeding against me/us and I/we have not assigned the Policy to any other party.

I/We consent to Aviva Ltd and Aviva related group of companies:

- i) seeking information from any clinic, hospital, physician, person, organization, employer that may be required in connection with this claim and I/we authorize the giving of such information to Aviva. A photocopy of this authorization shall be considered as effective and valid as the original.
- ii) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.
- iii) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

Note to members:

- For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.
- If you are filling up this form on behalf of another person or whereby you are disclosing personal data to us other than yours, you are required to inform such person(s) of the purpose and obtain his/her consent before submitting this form to us. Once you have submitted, you will be deemed to have obtained the necessary consent for us.

Signature of Claimant:.....

Signature of Witness:.....

Name of Claimant:.....

Name of Witness:.....

Relationship with Deceased:.....

NRIC/FIN No:.....

NRIC/FIN No:.....

Address:.....

Address:.....

.....

.....

Date:.....

Contact No:.....

Email:.....

Date:.....