



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 Life Assured in full - 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 Life Assured 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

I declare that the information given in this statement to Prudential is true and that nothing material has been withheld and consent to Prudential seeking information from any medical practitioner, surgeon, hospital or clinic mentioned herein or from any company or society to which a proposal for life assurance or for insurance against accidents or disease has been made on the Life Assured and I authorised the giving of such information.

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)
Group Business

Singapore Post Centre Post Office, PO Box 399, Singapore 914014
Telephone: 6572-2506, 6572-2507 Fax: 6572-2520
Email: Sgp.Group.Business@prudential.com.sg
Part of Prudential Corporation plc



MEDICAL ATTENDANT'S CERTIFICATE (Death Claim)

Name of Deceased (Life Assured):

Claim under Policy No.:

1. (a) Please quote the deceased's identity card number from your records.

(b) Place at time of death

(c) Occupation

2. (a) Were you the deceased's ordinary medical attendant?

Yes No

If Yes, how long? Otherwise please provide name of the usual medical attendant if known to you.

(b) Give the names and addresses of any other practitioners who to your knowledge attended the deceased during the past three years.

(c) Did you attend to the deceased during his/her last illness?

Yes No

If Yes, for what complain?

(d) On what date did you first see and treat the deceased?

(e) Were you present at the time of death?

Yes No

If No, on what date did you last treat the deceased?

(f) Have you treated the deceased for any other illness?

Yes No

If Yes, for what complain and when?

3. (a) What was the primary cause of death and its duration?

(b) From what other significant disease did the deceased suffer and for how long?

4. For how long was the deceased hospitalised, confined to house or prevented from attending to business?

5. Was there any predisposing cause of the deceased's death in his/her habits (use of alcohol, narcotics, etc), family history, occupation or previous sickness?

6. Please give any other information you feel may be relevant.

DECLARATION

I hereby declare that the above answers are true to the best of my knowledge and belief.

Name of Medical Attendant

Signature / Date

Professional Qualification

Practice Stamp

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