

**SLF GIFT PLUS
NOTIFICATION OF DEATH CLAIM**

TO : LIFE CLAIMS DEPARTMENT
NTUC INCOME INSURANCE CO-OPERATIVE LTD
NTUC INCOME Centre, 75 Bras Basah Road Singapore 189557

To be completed and forwarded to NTUC INCOME together with a certified copy of the Death Certificate and any other relevant documents to support the claim.

1. Name of Union/Association :	
2. Particulars of union/association member	
(a) Name : _____	(b) NRIC No. : _____
(c) Date of birth : _____	(d) Place of birth : _____
(e) Union/Association Membership No. : _____	(f) Date joined Union/Association : _____
(g) Membership type : _____	
3. To be filled if member is/was a union/association leader	
(a) Position in Union/Association : _____	
(b) Date elected as Union/Association Leader : _____	
4. To be filled if claim is for deceased spouse (Please attach marriage certificate as proof of relationship)	
(a) Name of spouse : _____	(b) NRIC No. : _____
(c) Date of birth : _____	(d) Place of birth : _____
5. (a) Date last at work : _____	(b) Occupation : _____
6. (a) Date & time of death : _____	
(b) Place of death : _____	
7. (a) What was the cause of death _____	
(b) If death was the result of an accident, when and where did the accident occur? _____	
(c) Is a Coroner's inquest pending? _____	
8. Cheque to be made payable to : Dependent/Nominee (Please complete below if cheque is to be made payable to dependent/nominee).	
(a) Name of Dependent/Nominee: _____	(b) NRIC No. : _____
(c) Contact No : _____	(d) Relationship to Deceased : _____
(e) Address : _____	
NB Please attach proof of relationship (marriage or birth certificate)	

We hereby declare that the statements given are true and complete, that the above *member/member's spouse *is/was eligible for the *SLF Gift Plus/SLF Gift scheme and the member was in our membership roll at the date of death of *member/member's spouse.

Name : _____ Signature : _____

Designation : President/ General Secretary/ Executive Secretary/ Treasurer/
Director, NTUC Membership Dept (for GB members) *

Date : _____ Union/Association Stamp : _____

* Delete where applicable