AVIVA

LIVING BENEFIT CLAIM - CLAIMANT'S STATEMENT

(Critical Illness &/or Male/Female/Child Illness / Maternity &/or Child Benefit)

Dear Claimant

We're sorry to receive notice of the Life Assured's condition. To enable us to process your claim, please follow the instructions below:

HOW TO FILE A LIVING BENEFIT CLAIM

Documents Required:

1. Living Benefit Claim Form – Claimant's Statement: Section 1
2. Section 2: Doctor's Statement of the relevant benefit claim (to be completed by the attending doctor)
3. Clinical Abstract Application Form
4. Copies of all diagnostic reports, including resting ECGs, exercise stress test, troponin results, enzymes assays, isotope studies imaging coronary angiography, blood tests, ultrasound, biopsy, histopathology report, CT scans, other imaging studies, laboratory tests results, detailed Inpatient Discharge Summary and any relevant hospital reports that are available.
5. Toxicology Report
6. Original final hospital bill/tax invoice for Hospital Care Benefit.
7. Police Investigation Report (if any)
8. Copy of the NRIC/FIN or Passport of the Life Assured
9. Copy of the NRIC/FIN or Passport of the Policy Owner, if different from Life Assured
10. Any other documents that support the claim (e.g. official certificate of appointment of the legal guardian of Life Assured who is a minor)
11. Proof of Policy Owner's relationship with Life Assured as follows (where applicable):

Policy Owner	Documents required
Spouse	Marriage Certificate of Policy Owner
Children	Birth Certificate of Life Assured/Insured Child
Parent	Birth Certificate of Life Assured/Insured Child
Sibling	Birth Certificate of Life Assured and Policy Owner

IMPORTANT NOTES:

1. All questions in the Claimant's Statement must be fully and truthfully answered. Please do not leave any blank and indicate as "N.A." if not applicable.
2. We reserve the right to pursue for any documents that are not mentioned above if they are deemed necessary. These said documents shall be in the forms as prescribed by Aviva Ltd and shall be furnished at the expense of the Claimant(s).
3. The cost of the Doctor's Statement and/or medical evidence shall be borne by the Claimant(s).
4. For Doctor's Statement or reports to be obtained from hospitals, specific Clinical Abstract Forms may be used. Please refer to the respective hospital's website for details. For clinics, please use Aviva's Clinical Abstract Application Form.
5. For treatment and surgical procedure which occurred overseas, original documents and supporting documents can only be certified by the Notary Public of the Country where Life Assured seek treatment and undergone the surgical procedure.
6. All documents submitted must be in English. Any documents which are in foreign languages must be officially translated to English by a certified translator/interpreter.
7. Copies of the supporting document(s) may be certified to be true copies by our Customer Service Executives at Aviva's Customer Service Centre or a Solicitor. Please note that the original documents have to be produced for certification.
8. If the Policy has been assigned, original Assignment Deed is required.
9. All claims required documents can be submitted to Aviva Ltd through the Aviva's distributors. Alternatively, you may submit the claim personally to our Customer Service Centre.
10. Aviva Ltd is required to collect information about each person's tax residency and tax classifications under applicable tax regulations, including the Singapore Income Tax Act (Chapter 134), the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard for Common Exchange of Financial Account Information (CRS). We are required to give this information to the Internal Revenue Authority of Singapore (IRAS), together with information relating to your policies of which you are an Account Holder, which may be shared with tax authorities of other countries. If you have any question on how to determine your tax residency status, please contact a professional tax adviser as we are not allowed to give tax advice.
11. For the purpose of Foreign Account Tax Compliance Act (FATCA), a "US Person" means:
    (a) a US citizen or resident individual,
    (b) 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 the applicable law to render orders or judgments concerning substantially all issues regarding the 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.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8

AVIVA

CLINICAL ABSTRACT APPLICATION

To whom it may concern:

____
____
____
____

Dear Sir/Madam

Please furnish **AVIVA LTD** with a detailed medical report on:

____ NRIC / FIN / BC _________________________
(Name of Patient)

This report is required for insurance purposes. Upon receipt of this application from **AVIVA LTD**, you may furnish a detailed medical report (together with histology report, laboratory results, etc.) whether for use in connection with litigation or for other legitimate purposes.

I agree that a copy of this authorisation form shall be considered as effective and valid as the original.

____
Signature of Patient
(if Patient is above 21)

Name _____________________________________

Address ___________________________________

____

NRIC No ___________________________________

Date ______________________________________

____
Signature of Next-Of–Kin
(if Patient is below 21)

Name ____

Address _______________________________________

____

NRIC No _______________________________________

Date ____

Relationship to Patient ____________________________

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8

AVIVA

LIVING BENEFIT CLAIM - CLAIMANT'S STATEMENT
(Critical Illness &/or Male/Female/Child Illness / Maternity &/or Child Benefit)

IMPORTANT:
1. Please read page 1 "**How to file a Living Benefit Claim"** before completing this form.
2. The Life Assured/Assured 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 Assured shall bear the cost of medical reports fees (if any).
4. Please continue to pay the premium until we have informed you on the outcome of your claim.
5. Aviva Ltd does not admit liability by the mere issue of this or any other form.
6. Mobile number and email address provided under Section H of this form will replace our records accordingly.

Section 1: To be completed by the Claimant

POLICY NUMBER(S):

Type of Claim (please √ box)

❒ Critical Illness ❒ Male / Female / Child Illnesses ❒ Special Benefit

❒ Pregnancy Complications ❒ Hospital Care Benefit for Mother / Child

❒ Child's Benefit - Congenital Illness ❒ Child's Benefit – Development Delay

❒ Child's Benefit - Stem Cell Treatment ❒ Child's Benefit – Outpatient Phototherapy

A. Details of Life Assured

Name of Life Assured			
NRIC/FIN/Passport/BC No	Gender	Date of Birth(dd/mm/yyyy)	Marital Status
Occupation	Name and address of Employer		

B. Details of Illness

1) Date symptom 1st started (dd/mm/yyyy)	2) Describe symptoms 1st presented
3) Date 1st consulted doctor for the condition (dd/mm/yyyy)	
4) Name & Address of doctor 1st consulted	
5) Date of diagnosis (dd/mm/yyyy)	6) Exact diagnosis

7) Details of any other doctor(s) consulted for this Illness

Name & Address of Doctor	Date of First Consultation	Date of Last Consultation	Treatment Provided

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8

C. Details of Illness (continue)

8) Has the Life Assured been hospitalized for condition(s) related to this Illness? ❐ Yes ❐ No If "Yes", please state:

Name of Hospital	Date of Admission	Date of Discharge	Reason for Hospitalization

9) Is the Illness a result of an Accident? ❐ Yes ❐ No If "Yes", please state:

a) Date of Accident (dd/mm/yyyy)

c) Time of Accident

b) Place of Accident

d) Describe in detail how the accident happened

e) Nature and extent of injuries

10) Was the accident reported to the Police? ❐ Yes ❐ No If "Yes", please provide a copy of the police report.

11) Details of Life Assured's doctor(s) consulted for any other disorders / conditions

Name & Address of Doctor	Date of First Consultation	Date of Last Consultation	Reason for Consultation	Treatment Provided

12) Is the Life Assured claiming from any other Insurer(s) or other sources in respect of this Illness? ❐ Yes ❐ No
If "Yes", please provide the details.

Name of Insurance Company	Nature of Claim	Amount Claimed	Policy Number

D. Payment Mode Option

Please tick (√) ONE of the boxes below to indicate payment mode option:

❐ Cheque to be mailed directly to the claim recipient(s)

❐ Direct credit into the following claim recipient's personal individual account (please provide a **copy of the bank statement** for account verification. **Otherwise a cheque will be issued**.)

Name of Bank		Branch	
Bank Account No.		Type of Account	❐ Saving ❐ Current
Name of Account Holder			

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8

E. Declaration of Beneficial Owner (please tick (√) the box as appropriate)

I/We declare that:

❒ there is no beneficial owner under this Policy.

❒ there is/are beneficial owner(s) under this Policy. (If you tick this box, please complete the table below*.)

*The following person(s) is/are the beneficial owner(s). A copy of each of the identity card(s)/passport(s) of the beneficial owner(s) is enclosed.

Name	NRIC/FIN/Passport No.	Relationship with Policyholder

"Beneficial owner" means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and include any person who exercises ultimate effective control over a legal person or legal arrangement.

F. Declaration of U.S. Person Status Under the Foreign Account Tax Compliance Act (FATCA)

Note: US Indicia means a US citizen or resident; born in US; have a US taxpayer ID number; current US mailing or residence address (including a US post office box); current US telephone number; currently give standing instructions to transfer funds to an account maintained in the US; currently give effective power of attorney or signatory authority granted to a person with a US address; or have a US "in-care-of" or "hold mail" address).

Please tick (√) the box as appropriate.

❒ I/We declare and agree that there is no change to my tax status and I am/we are not a "US Person" for US federal income tax purposes and that I am/we are not acting for, or on behalf of a US person. I/We understand that Aviva Ltd, believing this statement to be true, will rely and act on it.

❒ I/We declare and agree that I/We have one or more US indicia but I am/we are not a "US Person" for US federal income tax purposes and that I/We am/are not acting for, or on behalf of a US person. I/We understand that Aviva Ltd, believing this statement to be true, will rely and act on it.

(If you have selected this option, please complete W-8BEN/W-8BEN-E or W-9 Form (whichever is applicable) and submit to Aviva Ltd. The forms can be found at http://www.aviva.com.sg/fatca/resources-downloads.html)

❒ I/We declare and agree that I am/we are a "U.S. Person" for U.S. federal income tax purposes.

(If you have selected this option, please complete W-9 Form and submit to Aviva Ltd. The forms can be found at http://www.aviva.com.sg/fatca/resources-downloads.html)

I/We understand that Aviva Ltd is required to provide to any governmental authority including the Inland Revenue Authority of Singapore (IRAS) and/or the US Internal Revenue Service (IRS), with information on US persons who may have received proceeds under cash value insurance contracts or annuity contracts with certain prescribed amount at any time during the calendar year. I/We agree that if my/our tax status has changed to a US tax status and/or I/we have become US citizen(s) or resident(s), I/we will notify Aviva Ltd within 30 days of the change.

G. Declaration of Tax Residency under the Common Reporting Standard (CRS)

Please tick (√) the box as appropriate.

❒ I/We declare that there is no change to the information that I/we have provided to Aviva Ltd that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number.

❒ I/We declare that there is a change(s) to the information that I have provided to Aviva Ltd that would result in a change to my/our tax residency status, such as change in my/our residence/mailing/in-care of address and telephone number

(If you have selected this option, please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) and submit to Aviva Ltd. The forms can be found at http://www.aviva.com.sg/crs

I/We declare that I am/we are the Account Holder (or am authorized to sign the Account Holder) of all account(s) to which to this form relates. I/We undertake to notify Aviva Ltd within 30 days of any change in circumstances which affect my/our tax residency status or cause the information contained herein to become incorrect or incomplete, and to provide Aviva Ltd a suitably updated self-certification form and declaration within 90 days of such change in circumstances.

For the purposes of this section, Account Holder means the person listed or identified as the policy owner of the policy. A person holding a policy for the benefit of another person as an agent, custodian, nominee, signatory, advisor, intermediary or as a legal guardian is not treated as the Account Holder.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8

H. Declaration and Authorisation

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

I/We, declare that I/We am/are not an undischarged bankrupt. There are currently no actual or pending bankruptcy proceedings against me/us and I/We have not assigned the Policy to any other party.

I/We further consent to Aviva Ltd seeking information from any clinic, hospital, doctor, person, organisation, employer that may be required in connection with this claim and I/We authorise the giving of such information to Aviva Ltd. A photocopy of this authorisation shall be considered as effective and valid as the original.

I/We consent to Aviva Ltd (and Aviva related group of companies) 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 Ltd.

I/We also consent to Aviva Ltd (and Aviva related group of companies) 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.

I/We confirm that I/we have read and agree to the terms of the Aviva Data Protection Policy (as amended, supplemented or substituted by Aviva Ltd from time to time) at http://www.aviva.com.sg/pdpa.html.

Notes: 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 / thumbprint			Date (dd/mm/yyyy)
Name of Assured			
NRIC/FIN/PP No.		Mobile No.*	
Email*		Home Tel No.	
Residential Address			
		Country	Postal Code
Mailing Address (if different from Residential Address)			
		Country	Postal Code
Signature of Life Assured who is 21 years old or above (if different from Assured)			Date (dd/mm/yyyy)
Name of Life Assured			
NRIC/FIN/PP No.		Mobile No.*	
Email*		Home Tel No.	

* **Note:** Mobile number and email address provided under Section H will replace our records accordingly.

Aviva Ltd | 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 | Tel: (65) 6827 7988 | Fax: (65) 6827 7900
Website: www.aviva.com.sg | Company Reg No.: 196900499K | GST Reg.No.: MR-8500166-8