



Transamerica Life (Bermuda) Ltd.
 Singapore Branch Office
 1 Finlayson Green
 #13-00
 Singapore 049246
 Co. Reg. No. F 06768D

Claim Form

Claim No.

In order to process your claim as quickly as possible, we need some information about the Claimant and the Insured. Prior to completing this statement, *please read the instructions on the back of this form*. If there is more than one Claimant, each one must complete a separate Claim Form. Please use black ink when completing.

Please attach **one original officially certified Death Certificate**.

A. Information about the Insured: (please print)

1. Policy number(s) under which you are presenting a claim _____
2. Insured's full name _____ NRIC/SSN/Passport No. _____
3. Legal residence/address _____
4. Date of Birth of Insured _____
5. Date last worked _____ Occupation at Death _____
6. Date of Death _____ Cause of Death _____

B. Complete This Section Only if the policy was issued or reinstated within **two years** of the date of death. Also, please return the policy, if possible.

1. When did the Insured first complain of or give other indications of last illness? _____
2. When did the Insured first consult a physician for last illness? _____
3. Names of all physicians or practitioners who attended the Insured within 5 years preceding death (*attach additional sheet if necessary*).

Name	Address	Dates of Attendance	Condition(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Information about the Beneficiary/Claimant: (please print)

1. Your name _____
2. Your mailing address _____
3. Your birth date _____ Your phone number: day _____ evening _____
4. Your NRIC/SSN/Passport No. _____

Complete the following question only if you are a U.S. Person.

5. Your U.S. Social Security Number or Taxpayer Identification Number, if applicable. _____
 - a) Certification by U.S. Persons - Under penalty of perjury, I certify that
 - (1) I am a U.S. person (including a resident alien),
 - (2) this is my correct U.S. Social Security Number or Taxpayer Identification Number, and
 - (3) that I am not subject to backup withholding (*see instructions on the reverse side*).
 - b) If you are subject to backup withholding, cross out item 3 immediately above.

Certification Signature (if U.S. person)	Date
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Remarks: _____

The claimant makes claim to the insurance and understands that the Company may not yet have verified the status of the policy. The Claimant agrees that by furnishing this form, the Company does not admit that any insurance was in force on the life of the deceased and does not waive any of its rights or defenses.

Signature of Claimant	Date
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Instructions:

- (1) Each Beneficiary or Claimant is to complete and sign a Claim Form. If any of the beneficiaries named in the certificate or policy are deceased, a certified copy of the Death Certificate of that deceased beneficiary must accompany this form (*only one certified Death Certificate is needed per Insured*).
- (2) If all or any portion of the proceeds are assigned for funeral expenses, we require a) an itemized statement of the total funeral expenses and b) a valid assignment bearing the signatures of all beneficiaries. We will not accept third party (*Factored*) assignments nor can we pay the assignee more than the balance owed to the assignee.
- (3) If the benefits are payable to the Estate or to the Executor or Administrator of the Insured, the Claim Form should be completed by the legally appointed Executor or Administrator. A court certificate of the appointment (**Letters Probate**) must be furnished. The Executor or Administrator should furnish the estate's Tax Identification Number, if applicable.
- (4) If the benefits are payable to a minor or a mentally incompetent person, this form is to be completed by the guardian or conservator of their estate. A court certificate of the appointment is to be furnished; otherwise contact the Company for instructions.
- (5) If the benefits are payable to a trust, the trustee should complete the Claim Form and attach a statement that the trust is currently in force and the trustee is now actively serving thereunder. The trustee should furnish the trust tax identification number and a copy of the first page and signature page, as well as those pages of the trust document relating to the appointment of the Trustee/Successor Trustee(s).
- (6) If the policy has been collaterally assigned, this form may be completed by the collateral assignee alone. If the indebtedness secured by the collateral assignment is less than the benefits payable under the policy, the form may be completed by both the beneficiary and the assignee (payment will be by joint check unless otherwise specified).
- (7) Under current U.S. federal tax laws, each U.S. Claimant is required to provide us with a Social Security Number or Taxpayer Identification Number and certify that you are not subject to backup withholding. You may be subject to backup withholding on any claim interest if (1) you fail to provide us with your Social Security Number or Taxpayer Identification Number, pursuant to Internal Revenue Code ("IRC") Section 3406 (a) (1) (A); or (2) you were notified that you have underreported interest or dividend income or you were required to but failed to file a return which would have included reportable interest or dividend payments, pursuant to IRC Section 3406 (a) (1) (C). If you are a U.S. person subject to these backup withholding rules, we are required to withhold 28% of any reportable interest payments.

Fraud Warning:

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/or confinement in prison.

The cost, if any, of completing claim requirements, is to be borne by the Beneficiary or Claimant.