

**CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD.**

35 Selegie Road #04-01, Parklane Shopping Mall, Singapore 188307  
Tel: +65 6338 4890 Fax: +65 6338 4870 Email: cccsl@singnet.com.sg

**DEATH BENEFIT CLAIM FORM**

Voucher No : \_\_\_\_\_

**I. ELIGIBILITY**

- a. All Members of the Society, their Parents, Spouse and Child (below 18 Years of age) are entitled for death benefit Claims.
- b. The benefit payable for death of a member is \$500.00, for death of spouse of a member or employee is \$300.00, for death of a parent of a member or employee is \$200.00- and for death of a child of the member or employee is \$150.
- c. Death Certificates of the deceased to be attached to this claim. Claims other than for deceased members will be eligible after completion of years membership.
- d. Each member is entitled to 2 claims per year from the common good fund.

**II CLAIMANT PARTICULARS**

Full Name : \_\_\_\_\_

Membership No : \_\_\_\_\_

NRIC No : \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date : \_\_\_\_\_

**III DECEASED PARTICULARS**

Full Name : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_

Relationship to member : \_\_\_\_\_

NRIC : \_\_\_\_\_

Death Certificate No : \_\_\_\_\_

**IV FOR OFFICIAL USE**

Date joined Co-op : \_\_\_\_\_

Previous Claim (if any) : \_\_\_\_\_

Total amount payable : S \_\_\_\_\_

Approved/Not Approved : \_\_\_\_\_

Cheque No : \_\_\_\_\_

 \_\_\_\_\_  
**CHAIRMAN**
**V ACKNOWLEDGMENT**

Received the sum of S \_ \_ \_ \_ \_ vide cheque No : \_ \_ \_ \_ \_  
in respect of the above claim.

Signature of Claimant : \_\_\_\_\_ Date : \_\_\_\_\_

(Completed forms can be either posted to the above address faxed or handed over by hand)