



Amalgamated Union of Statutory Board Employees

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AUSBE WELFARE SCHEME I DEATH OF MEMBER'S PARENT / CHILD*

*Delete whichever is inapplicable

**Essential information

Part I - Deceased's Particulars

Full Name : Mr/Mrs/Miss/Mdm* _____

Alias (if any): _____

NRIC No.: _____ Date of Birth: _____

Sex : Male/ Female * Marital Status: Single/Married/Divorced/Widow/Widower*

Address: _____

Postal Code: _____

AUSBE Membership No.: _____ Branch: _____ Appointment: _____

Date of Death: _____ Death Certificate No.: _____

Cause of Death: _____

Mark "X" in Appropriate Boxes for Compulsory Copy of Supporting Documents Attached:

- 1) Death Certificate **and**
- 2) Birth Certificate of Claimant (for death of Parent)
- OR**
- 3) Child Birth Certificate (for death of Child)
- 4) Others _____

Part II – Claimant's Particulars

Full Name : Mr/Mrs/Miss/Mdm* _____

Alias (if any): _____

NRIC No.: _____ Date of Birth: _____

Marital Status: Single/Married/Divorced/Widow/Widower*

Address: _____

Postal Code: _____

Relationship to Deceased: _____

Name of Statutory Board Branch : _____

Part III -- Claim Amount Credit To:

**Claimant's Bank Name: _____ **Bank Account No.: _____

**Claimant's Email : _____

**Telephone: (H) _____ (O) _____ (HP) _____

Note: Claimant will be notified by email, phone when claim has been credited to his/her bank account.

Claimant's Signature

FOR AUSBE OFFICE USE ONLY	ACTION BY / Sign & Date
Date Claimant Joined : ____ / ____ / ____ .	
Welfare Scheme Subscriptions in arrears : YES / NO *	
Cheque No. _____ for S\$ _____	
Credited to Bank A/c No. _____ on ____ / ____ / ____	

Claim Endorsed by :

Welfare Chairman/Secretary*