

For Official Use

File Ref No.:

**DECLARATION FOR REIMBURSEMENT OF FUNERAL EXPENSES
 FROM THE DECEASED'S ESTATE**

This form may take you 15 minutes to complete.
 Please return the completed form to the Public Trustee's Office at the above address

IMPORTANT: It is an offence to make any false statement or to produce any document which is false for any purposes connected with this application. Please sign against amendments made. Use of correction fluid/tape will render the application void. An incomplete form will delay the processing of your application. If you are unsure about how to fill up any part of the form, please contact your case officer for guidance. The case officer will not, however, be able to fill up the form for you. **Please submit together with the documents required.**

Documents Needed: Please submit a copy of the receipts for the claims, if any.

A. PARTICULARS OF DECEASED			
Name of Deceased:	NRIC/ Passport No. Of Deceased:		
B. CLAIMANT'S DECLARATION			
Claimant's Name:	Claimant's NRIC/ Passport No.:		
Claimant's Address:			
C. DETAILS OF FUNERAL EXPENSES			
I am the _____ (Relationship to Deceased) of the Deceased. I have incurred the following expenses for the Deceased's funeral:			
S/N	Description of Expense Item	Do you have Invoice / Receipt? (Yes/No)*	Amount (\$)
1			
2			
3			
4			
5			
6			
* Please remember to submit a copy of the receipts bearing the claimant's name as payee or in the name of the Deceased (if any)			

D. DECLARATION

I would like to request the Public Trustee to reimburse me the expenses incurred from the Deceased's estate. I am aware that my claim is subject to approval by the Public Trustee and any reimbursement will be subject to an overall **maximum of \$6,000** on all such claims made on the un-nominated CPF Monies (if any) and estate of the Deceased, including claims made by other beneficiaries or other persons.

I also confirm that **all other beneficiary(s)** have given me consent to claim reimbursement of funeral expenses from the Deceased's estate.

I declare that the above information is true and correct. I understand that I may be prosecuted for criminal offences if I have stated anything in this form which is false or misleading or omitted to state anything that makes the information provided in this form false or misleading. I hereby undertake to fully indemnify the Public Trustee and the Government of the Republic of Singapore against all damages (including costs and expenses) suffered by the Public Trustee or the Government arising from or in relation to any payment made to me or any other person by the Public Trustee or his officers in the discharge of their duties, in reliance on any of the information provided by me.

E. SIGNATURE

Signature of Claimant

Name of Claimant

Date