

Death Claim form (Sum Assured only)

(to be completed by the claimant)

Instructions

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire. Please return this questionnaire to your local Zurich office, details of which are in section 17 'Local Zurich office contact details'.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

All payments will be subject to any applicable trade or economic sanctions.

1. Policy number

2. Details of the Life Insured

Title Mr Mrs Ms Other (specify)

First name
Last name
Any previous names or alias used, including maiden name (if applicable)

Date of birth

Place of birth
Nationality
Country where the life insured died
Country of residence at the time of death

Passport/identity card number Date of issue

Place of issue
Occupation
Last known address of the Life Insured

2. Details of the Life Insured (continued)

Name and address of last employer (or name of firm if self-employed)
Full name of Life insured's husband/wife
Full name of Life insured's parents

Name(s) and age(s) of Life Insured's child/children

Name	Age

3. Details of the doctor

Full name of doctor
Family name
Forename(s)
Correspondence address
Telephone number
Fax number
Email address
Please provide name and contact details for all doctors who are familiar with life insured's past and current medical history in the last 5 years (Please include the address, email id., telephone number etc.)
Please provide details of cause of death

4. Details of death

Office of registration of death

Date and time of death:

Date

Time

Address details of the life insured at the time of death

Please provide us name, address, telephone number of relatives or other person present at death

Details of the doctor who certified death of life insured (please include name of doctor, address, telephone number, email address)

5. Illness

Are you aware of the life insured undergoing any medical investigation or treatment by another doctor(s) in the past 5 years?

Yes No

If so, please provide us the details.

Please give details of any previous illnesses (please provide dates of diagnosis if known).

Name and contact details of hospital(s) attended (please include doctor name, address, telephone number, email address) for the diagnosis of previous illness as stated above.

How did the accident occur? Please provide complete details.

6. Accidental death (If not applicable then please proceed to section 7)

Date and place of accident:

Date

Place

Name and address of witnesses (Please include name, address, contact number and email address)

Name and address of the hospital

Details of attending doctor

Address and contact details of the Police Station where the accident was reported. Please include the name of police officers who conducted the investigation (if applicable).

Please provide details of the police findings (Please provide copies of FIR, Forensic reports, etc.).

7. Post mortem

Was a post mortem carried out?

Yes No

If yes, please provide the name and address of the Pathologist/Coroner. Please attach the copies of the reports along with this form.

If no, please proceed to section 8.

Was there an inquest or police investigation into the cause of death?

Yes No

If yes, please provide details below of the findings and forward the reports.

8. Burial/Cremation

Was the life insured buried or cremated?

Buried Cremated

Date and place of burial/cremation:

Date

Place

Please provide the details of two persons (not related) who were present at the burial/cremation.

Person 1

Title Mr Mrs Ms Other (*specify*)

Name
Address
Contact number

Person 2

Title Mr Mrs Ms Other (*specify*)

Name
Address
Contact number

9. Details of all other Insurance cover/claims

Name of Life Insurance company	Type of Insurance	Amount of cover

10. Claimant details

Claimant 1

Title Mr Mrs Ms Other (*specify*)

First name
Last name
Any previous names or alias used, including maiden name (<i>if applicable</i>)
Relationship to the life insured

10. Claimant details (continued)

Date of birth

Country of birth	
Place of birth	Nationality

Do you hold nationality in any other country? Yes No

If yes, please confirm the country
Current residential address
Correspondence address (if different from the residential address)
Email ID
Contact number (including country code)

Is this a U.S.* based telephone number? Yes No

Are you a U.S.* tax payer? Yes No

Are you a U.S.* citizen? Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number

Claimant 2

Title Mr Mrs Ms Other (specify)

First name
Last name
Any previous names or alias used, including maiden name (if applicable)
Relationship to the life insured

Date of birth

Country of birth	
Place of birth	Nationality

Do you hold nationality in any other country? Yes No

If yes, please confirm the country

10. Claimant details (continued)

Current residential address
Correspondence address (if different from the residential address)
Email ID
Contact number (including country code)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence

Tax reference number(s)

Country/Countries of tax residence	Tax reference number(s)

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number

11. Method of payment (Please tick one of the following options)

Autopay

Interbank giro payment (Singapore dollars in Singapore only)

Telegraphic transfer (bank charges apply)

Swedish giro (Swedish krona to Swedish banks)

BACS (UK only)

Claimant 1

Bank name
Bank address
Account holder's name(s)

If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail – section 12.

Reason

Title Mr Mrs Ms Other (specify)

First name
Last name
Any previous names or alias used, including maiden name (if applicable)
Relationship to the life insured

11. Method of payment (continued)

Date of birth

Country of birth	
Place of birth	Nationality

Do you hold nationality in any other country? Yes No

If yes, please confirm the country
Current residential address
Correspondence address (if different from the residential address)
Email ID
Contact number (including country code)

Is this a U.S.* based telephone number? Yes No

Are you a U.S.* tax payer? Yes No

Are you a U.S.* citizen? Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number

Claimant 2

Bank name
Bank address
Account holder's name(s)

If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail – section 12.

Reason

Title Mr Mrs Ms Other (specify)

First name
Last name
Any previous names or alias used, including maiden name (if applicable)
Relationship to the life insured

16. Privacy notice (continued)

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data protection contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website zurich.ae.

17. Local Zurich office contact details

Email us at:

benefit.claims@zurich.com

Call us:

Bahrain

Telephone: +973 1756 3321

Isle of Man

Telephone: +44 1624 662266

Qatar

Telephone: +974 4428 6322

Singapore

Telephone: +65 6876 6750

United Arab Emirates

Telephone: +971 4 363 4567

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