Zurich International Life

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Critical illness benefit claim form

(to be completed by the claimant)

Instructions
Please complete this form in English and in **CAPITAL** letters. 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 form. Please return this questionnaire to your local Zurich office, details of which are on page 5.

If you are not satisfied with our handling of your claim, please refer to our complaints procedure.

Any benefit payment made will be subject to any applicable trade or economic sanctions.

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.

1. Personal details

Policy number(s) if known

Full name of the life insured

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Date of birth D D M M Y Y Y Y

Country of birth

Place of birth (town or city)

Nationality

Do you hold nationality in another country? ☐ Yes ☐ No

If 'Yes', please confirm the country

Current residential address

Correspondence address (if different)

Telephone number (including international country code)

Mobile number (including international country code)

Country of telephone number

Country of mobile number

Is this a US* based telephone number? ☐ Yes ☐ No

Are you a US* tax payer? ☐ Yes ☐ No

Are you a US* citizen? ☐ Yes ☐ No

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

Personal details (continued)

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.

Email address

2. History of illness

Please describe your illness in full

What was the overall diagnosis?

Have you undergone any tests or investigations to confirm this diagnosis? ☐ Yes ☐ No

If 'Yes', please give details (including date of diagnosis)

What treatment are you currently receiving?

Have you received any other form of treatment? ☐ Yes ☐ No

If 'Yes', please give details

What date did your symptoms first commence? Date D D M M Y Y Y Y

Have you suffered from the same or similar condition previously? ☐ Yes ☐ No

If 'Yes', please give details including dates

History of illness (continued)

Please provide the name and contact details for all the doctors who have treated you (please include address, telephone number, fax number and email address)

Have you received payment for this condition under any other insurance policies? ☐ Yes ☐ No

If 'Yes', please provide details

Name of company	Type of insurance	Amount of cover

3. Further information

Please provide any additional information below, which you feel would be helpful in the assessment of this claim

4. Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy or contact us for a copy.

5. Declaration/Data protection

Declaration
I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief, and will form the basis of the contract for my claim application.

I understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. Note: a material fact is one which may influence the assessment or acceptance of your claim application. If you are in any doubt as to the relevance of any information, please give details.

Contact details
I understand that for security purposes, the Company will regard the contact details provided as my authorised contact details and that it is important that I let the Company know if any of these details change.

Special category data consent
By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance.
I confirm such authorisation shall remain in force after my death.

Withdrawal of consent
I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a `Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Signature of the life insured

Date D D M M Y Y Y Y

6. Local Zurich office contact details

Bahrain
P.O. Box 10032, 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.
Telephone: +973 1756 3321
Email: helppoint.bh@zurich.com

Isle of Man
P.O. Box 67, Douglas, Isle of Man, IM99 1EF, British Isles.
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Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444
and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6
of 2007, and its activities in the UAE are governed by such law.

Zurich International Life Limited (Singapore branch) is licensed by the Monetary Authority of Singapore
to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore.
Member of the Singapore Financial Dispute Resolution Scheme.

Zurich International Life is a business name of Zurich International Life Limited which provides
life assurance, investment and protection products and is authorised by the Isle of Man
Financial Services Authority.

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MSP12183 (129287007) (06/18) RRD

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