

Death claim

(to be completed by the claimant)

Instructions

To be completed by the claimant. Please complete this form 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 questionnaire.

Contact details

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you have provided herein 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.

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

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

1. Policy details

2. Details of the deceased

Full name of the deceased

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)

Is the deceased A Life Insured A child of a life insured

Date of birth

Place of birth

Nationality

Religion

Country where the life insured died

Country of residence at the time of death

Details of the deceased (continued)

Passport/identity card number

Date of issue

Place of issue

Occupation

Last known address of deceased

Name and address of last employer (or name of firm if self-employed)

Full name of deceased's husband/wife (if applicable)

Full name of deceased's parents (if applicable)

Name(s) and age(s) of deceased's child/children

Name	Age

In the case of a claim in the respect of a child, in order to prove the relationship to the life(lives) insured certified copies of the birth certificate or adoption papers must be provided. These should be translated into English where appropriate.

3. Name and contact details of doctor

Full name of doctor

Family name

Forename(s)

Correspondence address

Telephone number

Fax number

Email address

Name and contact details for all doctors attending the deceased in the last five years (please include address, telephone number, fax number and email address)

4. Details of death

Please provide details of cause of death

Office of registration of death

Date and time of death:

Date

Time _____

Deceased's address at time of death

Details of doctor who certified death

Name of doctor

Address (please include address, telephone number, fax number and email address)

5. Illness

Name and contact details for all medical attendants or general practitioners (GP) (please include address, telephone number, fax number and email address). If registered with this GP less than three years, please also include details of previous medical attendant/GP

Are you aware of the deceased undergoing any medical investigations or treatment by another doctor?

Yes No

If 'Yes', please provide details

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

Details of illnesses leading to death

Name and contact details of hospital attended (including doctors name, address, telephone number, fax number and email address)

Name and address of relatives or other persons present at death

6. Accidental death (if not applicable then please go to section 7)

How did the accident occur?

Place of accident

Name and address of any other persons involved in the accident

Name and address of witnesses

Date and time of admittance to hospital:

Date

Time _____

Name and address of hospital

Details of attending doctor

Name and address of police station where accident was reported (if applicable)

Name and contact details of police officers who conducted the investigation

Details of the police findings (please provide copies of any reports available)

7. Post mortem

Was a post mortem carried out on the deceased?

Yes No

If 'No' please proceed to section 8

If 'Yes', please provide the name and address of the following:

a) Pathologist

b) Coroner

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 report (if available)

8. Burial/Cremation

Was the deceased 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 Miss Ms Dr Other (*please give details*)

Family name _____

Forename(s) _____

Address _____

Person 2

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

Family name _____

Forename(s) _____

Address _____

9. Details of all other insurance cover/claims

Name of company	Type of insurance	Amount of cover

10. Documents

Please provide the following original documents, which should be sent by a secure mail service. If not available, please state the reason why.

Please tick to confirm the documents you are sending

Document	Yes	No	Reason why document is not enclosed
Death registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Post mortem report	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evidence to show body returned to (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Airline ticket	<input type="checkbox"/>	<input type="checkbox"/>	
Medical cause of death certificate/Coroner certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Burial permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Passport	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____			_____

11. Declaration

I/We authorise any doctor, medical establishment or other life assurance company to release to Zurich International Life or its appointed representative any medical or other information relating to the deceased.

I/We declare that all the information provided herein is true and complete to the best of my/our knowledge and belief and shall be the basis of the claim with the company.

Signature of claimant 1

Date

D	D	M	M	Y	Y	Y	Y
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Name of claimant 1

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

Family name

Forename(s)

Nationality

Do you hold nationality in another country?

Yes No

If 'Yes', please confirm the country

Relationship to the deceased

Date of birth

D	D	M	M	Y	Y	Y	Y
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Country of birth

Place of birth (town or city)

Address

Telephone number (including international country code)

Country of telephone number

Mobile number (including international country code)

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.

Please state all countries where you are currently deemed to be a 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.

Email address

Declaration (continued)

Signature of claimant 2

Date

Name of claimant 2

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

Family name

Forename(s)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Relationship to the deceased

Date of birth

Country of birth

Place of birth (town or city)

Address

Telephone number (including international country code)

Country of telephone number

Mobile number (including international country code)

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.

Please state all countries where you are currently deemed to be a 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.

Email address

Declaration (continued)

Witness

I hereby confirm the authenticity of the signature of the claimant(s)

Signature witness

Date

D	D	M	M	Y	Y	Y	Y
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Name of witness

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

Family name

Forename(s)

Relationship to the deceased

Address

Telephone number

12. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

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 at Zurich International Life Limited, Zurich House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QZ, British Isles.

13. Local Zurich office contact details

Bahrain

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Telephone: +973 1756 3321
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Singapore

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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.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

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