

# Claim form

This form must be completed by the claimant.

Please make sure you complete all questions and send all documents to us. If anything is missing, it may delay your claim.

Please send all required information to:

## Freepost CUSTOMER CARE PROMIS LIFE

Policy details		
Policy number:		
Name of deceased:		
Date of death:		
Your details		
Title		
First name		_
Last name		_
Address		
-		
Date of birth		
Place of birth		
Nationality		_
Mobile number		
Email address		· · · · · · · · · · · · · · · · · · ·
Your relationship to the	deceased	



Requir	red documents to send back with this cla	aim form – see	e covering le	tter for full details
•	Copy death certificate	[ ]		
•	Policy schedule	[ ]		
Confir	rming your identity			
	ed to confirm your identity before we can s below:	n make any p	ayment. Plea	ase review the three
Do you	u have an in-date current passport?		Y[]	N [ ]
below	If yes, please send a copy of the photo for example). Please do not send the o		gives the pe	ersonal details. (see
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	DOUBLE DESCRIPTION OF ADMINISTRATION OF ADMINIST			
Do you	u have an in-date photocard driving licer	ice?	Y[]	N[]
send t	If yes, please send a copy of the licence the original	e. (see below	for example	). Please do not
UK	DRIVING LICENCE  1 SAMPLE 2 NAME 2 Date and Place of Birth 6a less de lessuing Authority 6a less 5 Driving Number 7 Signature 6 Permanent Address a Vehicle Categories			
l do no	ot have an in date passport or photocard	driving licence	e [	1



Account Information				
Please give details of where you would like the policy's payout to be sent. This can only be paid to UK bank accounts. Please check the details to make sure they are correct.				
Please note that requesting your account details does not imply that we are admitting liability for the claim.				
Account in the name of:				
Bank/Building Society name:				
Sort code:				
Account number:				
Declarations				
I declare that I am entitled to claim the pay-out of this policy as I am named as the second policy owner.				
- I confirm the information I have provided regarding this claim is correct to the best of my knowledge and belief.				
- I understand that false statements or failure to provide relevant information may lead to my claim being refused.				
- I understand that I will be responsible for dealing with any dispute arising from any claim with other beneficiaries or family members.				
- I consent to the Insurer, or its representatives, seeking information relating to the cause of death. This may include copies of medical information from the coroner or from any medical practitioner, or similar medical professional who has attended to the Life Insured.				
- The information you provide will be used to manage the administration and assessment of your claim and to comply with our regulatory requirements, including for the prevention, detection and investigation of financial crime. We will not use the data for any other purpose.				
Signed:				
(Second policy owner)				
Date:				
Print Name:				

The policy is administered and underwritten by iptiQ Life S.A. UK Branch. iptiQ Life S.A. is a public limited company (societé anonyme) incorporated and registered in Luxembourg, authorised and regulated by Le Commissariat aux Assurances, Registered Office 2, rue Edward Steichen, L-2540 Luxembourg, Grand-Duchy of Luxembourg. iptiQ Life S.A. UK Branch is registered in England and Wales under registration number BR017015 with registered office 30 St Mary Axe, London EC3A 8EP and is a UK Branch of an Overseas Firm authorised by the Prudential Regulation Authority, subject to Regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

(In CAPITALS)



### Please send all required information to:

### Freepost CUSTOMER CARE PROMIS LIFE

I hereby request the proceeds of the policy in accordance with my instructions above, in full and final discharge of all liability under the policy.

#### LEGAL DISCLAIMER

This information is for general guidance only and is not legal advice. If you need more details on your rights or legal advice, please contact an adviser or solicitor. We have tried to ensure that the information is accurate (as of May 2023). However, we will not accept liability for any loss, damage or inconvenience arising as a consequence of any use of the information.

The government website below provides some useful information on what to do when someone dies. It covers registering the death, arranging the funeral, bereavement benefits and how to deal with the estate.

This can be found at:

https://www.gov.uk/when-someone-dies