

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 _____

Required documents to send back with this claim form – see covering letter for full details

- Copy death certificate []
- Policy schedule []
- Grant of representation []

Confirming your identity

We need to confirm your identity before we can make any payment. Please review the three options below:

Do you have an in-date current passport? Y [] N []

If yes, please send a copy of the photo page which gives the personal details. (see below for example). **Please do not send the original**



Do you have an in-date photocard driving licence? Y [] N []

If yes, please send a copy of the licence. (see below for example). **Please do not send the original**



I do not have an in date passport or photocard driving licence []

The policy is administered and underwritten by iptiQ Life S.A. UK Branch. iptiQ Life S.A. is a public limited company (société 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.

Not getting a grant?

Would you like us to consider paying the claim without a grant of representation? We may not always be able to do this and we reserve the right to insist that a grant of representation is obtained.

Yes [] No []

Would you like us to consider paying the funeral bill direct to the funeral director?

Yes [] No []

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:

(Please select one by ticking the **first** relevant option)

- ☐ Named as a Personal Representative on the Grant of Representation
- ☐ Named as an Executor in the Deceased's Will (This option can only be selected if you are not applying for a Grant of Representation)

Cont'd

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- ☐ The Deceased's next of kin (This option can only be selected if you are not applying for a Grant of Representation and if there was no valid Will)
- ☐ Husband
- ☐ Wife
- ☐ Son(s)
- ☐ Daughter(s)
- ☐ Other. Please specify _____

- I am signing this form on behalf of all people legally entitled to claim. I understand that only one claim can be made under this policy and that I will be responsible for distributing the funds and for dealing with any dispute arising from any claim made by other potential claimants or family members.

- 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 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: _____

Date: _____

Print Name: _____
(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>