

## Claim Form

Please ensure all questions are completed in full. If any questions are missed it will cause delays in assessing your claim.

### Policy details

Policy number:

Name of deceased:

Date of death:

### Your details

Title \_\_\_\_\_ First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Your relationship to the deceased \_\_\_\_\_

### Required Documents

To help us process your claim please complete and sign this form and return it to us in the envelope provided, along with the documents listed in our cover letter.

We also require confirmation of your (the Claimant's) identity. Please refer to the end of this form for a full list of approved documents we can accept as confirmation of identity and how to get a certified copy.

### Cause of Death and Medical Details

To help us process your claim, please answer the following questions:

- a) What was the cause of death?

\_\_\_\_\_

b) Who was the deceased's usual doctor/medical clinic?

Name \_\_\_\_\_

Address \_\_\_\_\_

**Other Policies**

Did the deceased have any other life policies or accident policies covering their life (not including this policy)? Yes [  ] No [  ]

If yes, please provide the policy number and the name and address of the other insurer(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any additional information you wish to provide concerning your claim**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Account Information

Please give details of where you would like your share of the policy's payout to be sent. This can only be paid to UK bank accounts.

**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 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 the 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 cause of death, including but not restricted to 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. We will not use the data for any other purpose.
- I hereby request my share of the payout in accordance with my instructions above, in full and final discharge of all liability under the policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(In CAPITALS)

PLEASE ENSURE ALL QUESTIONS ARE COMPLETED IN FULL. IF ANY QUESTIONS ARE MISSED IT WILL CAUSE DELAYS IN ASSESSING YOUR CLAIM

### Nominated Beneficiaries' Details

Please provide the full address for the following nominated beneficiaries so we can contact them about the claim

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

Nominated Beneficiary Name:

Address \_\_\_\_\_

**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 at January 2021) 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>

## You are required to verify your identity

UK money laundering regulations require us to confirm your identity (name and address) before we pay out a claim. In order to confirm your identity, please provide either of the following:

**Option A: One document** from the UK Photo Identity documents list

**Option B: Two separate documents**, one from the Evidence of name list (section 1) and one from the Evidence of current address list (section 2). The same document cannot be used to cover both sections, and they must each come from a different source.

**IMPORTANT:** The documents you provide must be original or certified copies (details overleaf).

Option A:

### UK PHOTO IDENTITY DOCUMENTS

- Current signed UK Passport
- Current UK photocard driving licence
- National Identity Card
- Firearms Certificate of Shotgun licence
- Identity card issued by the Electoral Office for Northern Ireland

Option B:

### SECTION 1 – EVIDENCE OF NAME

- Birth Certificate
- Current full UK driving licence (old paper version)
- Current provisional UK driving licence (photocard)

- Current EEA passport or EU member state ID card
- UK bank or building society statement – dated within the last 3 months
- Letter confirming entitlement to a state or local authority funded benefit, including housing benefit and council tax benefit or state pension (no more than 3 months old)
- Residence permit issued by the Home Office to EU nationals

## **SECTION 2 – EVIDENCE OF CURRENT ADDRESS**

- Current full UK driving licence (old paper version)
- Current provisional UK driving licence (photocard)
- Local Authority tax bill (valid for the current year)
- UK bank or building society statement (no more than 3 months old)
- UK utility bill (not including mobile phone bill) and no more than 3 months old.
- HMRC correspondence dated within the last 12 months.
- Local council rent card or tenancy agreement
- UK mortgage statement (dated within the last 12 months)

If you are unable to provide any of the documents, then please contact us.

### **How do I get a copy of a document certified?**

- 1) Take your original document, together with a photocopy, to a professional person. For example:
  - Post Office Identity Checking Service
  - Financial Adviser
  - Accountant
  - UK Solicitor or Lawyer



- Barrister
- Tax Consultant
- Licensed Conveyancers
- Scotland Lawyer (Individual from the Faculty of Advocates)
- Notary (Individual from the Faculty of the Archbishop of Canterbury)
- Insolvency Practitioner

**IMPORTANT:** The person you ask must not be related to you, living at the same address as you or in a relationship with you.

2) Ask the professional to:

- Write 'I certify that this is a true copy of the original seen by me.' on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, industry, address and telephone number