

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(s) _____

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 []

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 []

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. 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. Please do not send the original

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

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 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)
- ☐ 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 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. I also consent to the Insurer requesting information from any other life insurance company where the Life Insured held or applied for life insurance policies.
- I consent to the insurer requesting medical information from the life insured's registered GP Practice, using a medical evidence gathering service, Medidata Exchange Limited trading as Medi2Data, working on behalf of iptiQ.

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)

Signed: _____

Date: _____

Print Name: _____

(In CAPITALS)

Signed: _____

Date: _____

Print Name: _____

(In CAPITALS)

I/We 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 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>