

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 t	the deceased	d		

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.



N []

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

•	Copy death certificate	[]

• Policy schedule []

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 []

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 []

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Cause of Death and Medical Details

	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
c)	Other Policies
Did the	deceased have any other life policies or accident policies covering their life
(not in	luding this policy)? Yes [] No []
If yes,	please provide the policy number and the name and address of the other
insure	(s)
Any ad	ditional information you wish to provide concerning your claim

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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	f:
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 a nominated beneficiary:

- 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:		
(Nominated b	peneficiary)	
Date:		
Print Name:_		
(In CAPITAL:	S)	

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