

## Accidental Death

The issue of this form does not constitute an admission of liability under the policy. Should this claim be approved the payment will automatically be credited to an account from which your premiums are collected, unless that account is a credit card account, an alternative account number should be provided. In which case if payment is to be credited to an alternative account, please complete the relevant details in Section 2.

In the event of the deceased having been hospitalised prior to death please attach a copy of the relevant hospital account or have the enclosed verification form completed by the hospital.

This form is to be completed by the policy holder or his/her legal representative.

SECTION 1		SECTION 2 (continued)	
Policy No:		Please state the exact cause of death and any factors connected therewith:	
Policy numbers for any other or previous policies held:		Was the deceased hospitalised prior to death?	
Initials and surnames of policy holder:		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please state dates	
Full names of claimant:		From: _____ To: _____	
Tel:		In the event of the deceased having been confined to an intensive care unit prior to death, please state dates:	
Address:		From: _____ To: _____	
E-mail:		<b>The following documentation should be provided as it becomes available:</b>	
Date of birth:		1. A certified copy of the death certificate.	
Full postal address:		2. The post mortem report.	
Postal Code:		3. The <b>full</b> inquest report including all witness statements pertaining hereto.	
Tel Code: _____ Tel No.: _____		4. The police accident report if death was due to a motor accident.	
Fax Code: _____ Fax No.: _____		5. The police reference number if death is the subject of a criminal investigation.	
E-mail address:		6. Copies of any newspaper clippings or eye-witness statements that may be available	
Please state the names of any nominated beneficiaries noted on the policy:		7. Letter of executor's or letter of authority.	
		8. Policy schedule.	
		PLEASE NOTE THAT PAYMENT FOR ANY EXPENSES INCURRED IN OBTAINING DOCUMENTATION IS THE RESPONSIBILITY OF THE CLAIMANT AND NOT THE COMPANY	
BANKING DETAILS			
Full names and surnames of deceased:		Account number:	
Date of birth:		Account holder's name:	
What was the deceased's occupation?		Name of bank/Building Society:	
Date of death:		Type of account:	
Place of death:		Branch:	
If death occurred on a date subsequent to an accident, what was the date of the accident?		Branch code:	

