

This form is to be completed by the claimant. Please complete the form in English. If you are completing it by hand, please use blue or black ink, and write clearly in BLOCK CAPITAL letters. If you make an error, please cross it out, write the new information clearly, and initial each corrected error. Do not use correcting fluid or other methods of removing incorrect information.

If you require more space to write your answers, please attach any additional sheets you may have used to this application. You must sign and date any additional sheets you attach.

Full and Complete Disclosure

You must complete this form fully and accurately to the best of your knowledge. Failure to provide accurate information and complete answers may result in non-payment of a claim.

Policy Details

Policy Number

Details of the Deceased

First Name/s

Last Name

Date of Birth

Identity No./Passport No.

Occupation

Nationality

Country of Residence

Address
(including street name, town,
area code and country)

Postal Code

Supporting Documentation

Please attach certified copies of the following documents

Official Death Certificate

Deceased's Current Passport

Detailed Medical Report

If the Deceased was undergoing medical treatment, please obtain a report from their Doctor describing the onset and cause of the illness, disease or bodily injury for which they were being treated. If the Deceased was not undergoing medical treatment, please obtain a medical or official certificate stating the cause and circumstances of death.

If the report is not in English, a certified translation must be provided.

WE RESERVE THE RIGHT TO REQUEST FURTHER EVIDENCE IN THE ASSESSMENT OF A CLAIM



Additional Information

Please provide any additional information you think may be relevant to this claim

I declare that the above information is true, complete and precise, to the best of my knowledge and belief.

I understand that failure to provide accurate information and complete answers may result in non-payment of a claim.

Signature

Date

DDMMYYYY

Claimant Details

First Name/s

Last Name

Date of Birth

DDMMYYYY

Identity No./Passport No.

Relationship to the
Deceased

Address
(including street name, town,
area code and country)

Postal Code

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unisure office, details of which are available on our website,
or get in touch using our email address: admin.life@unisuregroup.com

