

**DEATH CLAIM FORM**  
(PLEASE USE BLOCK CAPITALS)

Policy number .....

**INFORMATION ABOUT THE UNDERSIGNING DECLARANT**

First Name ..... Last Name .....

Address .....

Postal Code ..... City ..... Country .....

Date of Birth (dd/mm/yyyy) ..... Gender M  F

Email .....

Tel\* ..... Mobile\* .....

*\*please include country codes*

Relationship to the deceased .....

**INFORMATION ABOUT THE DECEASED**

First Name ..... Last Name .....

Address .....

Postal Code ..... City ..... Country .....

Tel\* ..... Email .....

Date of Birth (dd/mm/yyyy) ..... Date of Death (dd/mm/yyyy) .....

Cause of Death .....

Family Doctor's Name .....

Address .....

Postal Code ..... City ..... Country .....

Tel\* ..... Email .....

***! Please include following documents:***

- *original personal policy certificate;*
- *copy of death certificate;*
- *statement of succession;*
- *should the policy have been pawned:*
  - *declaration of the pawnee regarding the net mortgage liability on the date of death;*
  - *a copy of the mortgage contract, including the conditions.*

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**PAYMENT METHOD**

Please transfer reimbursement to my account in ..... (country)  
Name of bank .....  
Address .....  
IBAN ..... BIC/SWIFT code, ABA, if any .....  
Account No ..... Account holder .....

**MUST BE SIGNED BY THE INSURED**

I, the undersigned, declare that all information given in this claim form is in accordance with the truth and that nothing is concealed. I authorise Expat & Co and the insurance company to obtain information from any doctor, hospital or insurance company concerning myself or any co-insured persons in order to process the claim in accordance with the Policy Conditions.

**I hereby give Expat & Co the authority to recover any reimbursement, advanced by them, from any other insurance company or social security institution which can give a right to reimbursement as a consequence of this claimed illness, injury or accident.**

I hereby accept that Expat & Co and the insurance company will record the information given for the purpose of processing data in connection with e.g. premium collection, processing of claims, reimbursements, etc. In case of non-acceptance of the request for reimbursement, the information given may be recorded. Furthermore, I accept that insurance correspondence which does not contain health information or other sensible information is sent to the person registered as the policy holder. Expat & Co or the insurance company may choose to have data processed in or outside the EU.

Date ..... Signature .....