

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 DECLARANT

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