

Death Claim form (Sum Assured only)

(to be completed by the claimant)

Instructions

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire. Please return this questionnaire to your local Zurich office, details of which are in section 17 'Local Zurich office contact details'.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

All payments will be subject to any applicable trade or economic sanctions.

1. Policy number
2. Details of the Life Insured
Title Mr Mrs Ms Other (specify)
First name
Last name
Any previous names or alias used, including maiden name (if applicable)
Date of birth D D M M Y Y Y
Place of birth
Nationality
Country where the life insured died
Country of residence at the time of death
Passport/Identity card number Date of issue DDMMYYYY
Place of issue
Occupation
Last known address of the Life Insured

2. Details of the Life Insured (continued)

Name and address of last employer (or name of firm if self-employed)	
Full proves of 1 life in a wealth brook and the life	
Full name of Life insured's husband/wife	
Full name of Life insured's parents	
Name(s) and age(s) of Life Insured's child/children	
Name	Age
	,
3. Details of the doctor	
Full name of doctor	
Family name	
Forename(s)	
Correspondence address	
Telephone number	
Fax number	
Email address	
Please provide name and contact details for all doctors who are familiar with life insured's past and current medica years (Please include the address, email id., telephone number etc.)	l history in the last 5
Please provide details of cause of death	

4. Details of death

Office of registration of death
Date and time of death:
Date DDMMYYYY
Address details of the life insured at the time of death
Please provide us name, address, telephone number of relatives or other person present at death
Details of the doctor who certified death of life insured (please include name of doctor, address, telephone number, email address)
5. Illness Are you aware of the life insured undergoing any medical investigation or treatment by another doctor(s) in the past 5 years? Yes No
If so, please provide us the details.
Please give details of any previous illnesses (please provide dates of diagnosis if known).
Name and contact details of hospital(s) attended (please include doctor name, address, telephone number, email address) for the diagnosis of previous illness as stated above.
How did the accident occur? Please provide complete details.

6. Accidental death (If not applicable then please proceed to section 7)

Date and place of accident:	
Date DDMMYYYY	
Name and address of witnesses (Please include name, address, contact number and email address)	
Name and address of the beautiful	
Name and address of the hospital	
Details of attending doctor	
Address and contact details of the Police Station where the accident was reported. Please include the name of police officers who conducted the investigation (if applicable).	
Please provide details of the police findings (Please provide copies of FIR, Forensic reports, etc.).	
Thease provide details of the police findings (flease provide copies of Titx, Forensie reports, etc.).	
7. Post mortem	
Was a post mortem carried out?	No
If yes, please provide the name and address of the Pathologist/Coroner. Please attach the copies of the reports along with this form.	
If no, please proceed to section 8.	
Was there an inquest or police investigation into the cause of death? Yes	 No
If yes, please provide details below of the findings and forward the reports.	

Was the life insured buried or cremated? Buried Cremated Date and place of burial/cremation: Place Date Please provide the details of two persons (not related) who were present at the burial/cremation. Person 1 Other (specify) Title Mrs Ms Name Address Contact number Person 2 Title Other (specify) Mrs Ms Name Address Contact number 9. Details of all other Insurance cover/claims Name of Life Insurance company Type of Insurance Amount of cover 10. Claimant details **Claimant 1** Title Mrs Ms Other (specify) Mr First name Last name Any previous names or alias used, including maiden name (if applicable)

8. Burial/Cremation

Relationship to the life insured

10. Claimant details (continued)

Date of birth DDMMYYYY		
Country of birth		
Place of birth	Nationality	
Do you hold nationality in any other country?	Yes	No
If yes, please confirm the country		
Current residential address		
Correspondence address (if different from the residential address)		
Email ID		
Contact number (including country code)		
Is this a U.S.* based telephone number?	Yes	No
Are you a U.S.* tax payer?	Yes	No
Are you a U.S.* citizen?	Yes	No
*The definition of U.S. includes the 50 United States of America, the Samoa and the Northern Mariana Islands.	District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, Americ	an
Please state all countries where you are currently deemed to be	e resident for tax purposes	
Country/Countries of tax residence	Tax reference number(s)	
** If you are currently tax resident in the United Kingdom, please pro	ovide your National Insurance number	
Claimant 2		
Title Mr Mrs Ms Other (specify)		
First name		
Last name Any previous names or alias used, including maiden name (if application)	abla)	
Any previous names of anas used, including malder name (if applica	iule)	
Relationship to the life insured		
Date of birth DDMMYYYY		
Country of birth		
Place of birth	Nationality	
Do you hold nationality in any other country?	Yes	No
If yes, please confirm the country		

10. Claimant details (continued)

Current residential address		
Correspondence address (if different from the residential address)		
Email ID		
Contact number (including country code)		
Is this a U.S.* based telephone number?		Yes No
Are you a U.S.* tax payer?		Yes No
Are you a U.S.* citizen?		Yes No
*The definition of U.S. includes the 50 United States of America, the Samoa and the Northern Mariana Islands.	District of Columbia, Guam, Puerto Rico, U.S. Virgin	Islands, American
Please state all countries where you are currently deemed to be	e resident for tax purposes	
Country/Countries of tax residence	Tax reference number(s)	
** If you are currently tax resident in the United Kingdom, please pro	ovide your National Insurance number	
11. Method of payment (Please tick one of the following)	lowing options)	
Autopay Interbank giro payment (Singapore	dollars in Singapore only)	
Telegraphic transfer (bank charges apply)	dish giro (Swedish krona to Swedish banks)	BACS (UK only)
Claimant 1		
Bank name		
Bank address		
Account holder's name(s)		
If the above stated account holder(s) name differs from the clainformation. If not different, please leave the below section bla		
Reason	and to him to bank account accam section	
Title Mr Mrs Ms Other (specify)		
First name		
Last name	-6/-)	
Any previous names or alias used, including maiden name (if application)	adie)	
Relationship to the life insured		

Date of birth Country of birth Place of birth Nationality No Yes Do you hold nationality in any other country? If yes, please confirm the country Current residential address Correspondence address (if different from the residential address) **Email ID** Contact number (including country code) No Is this a U.S.* based telephone number? Yes Are you a U.S.* tax payer? Yes No Are you a U.S.* citizen? No Yes *The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands. Please state all countries where you are currently deemed to be resident for tax purposes Country/Countries of tax residence Tax reference number(s) ** If you are currently tax resident in the United Kingdom, please provide your National Insurance number Claimant 2 Bank name Bank address Account holder's name(s) If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail - section 12. Reason Title Mr Ms Other (specify) Mrs First name Last name Any previous names or alias used, including maiden name (if applicable) Relationship to the life insured

11. Method of payment (continued)

11. Method of payment (continued) Date of birth Country of birth Place of birth Nationality No Yes Do you hold nationality in any other country? If yes, please confirm the country Current residential address Correspondence address (if different from the residential address) **Email ID** Contact number (including country code) No Is this a U.S.* based telephone number? Yes No Are you a U.S.* tax payer? Yes Are you a U.S.* citizen? No Yes *The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands. Please state all countries where you are currently deemed to be resident for tax purposes Country/Countries of tax residence Tax reference number(s) ** If you are currently tax resident in the United Kingdom, please provide your National Insurance number 12. Bank account details Claimant 1 (Please provide us bank account details of the country where you are currently resident) Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.) If you do not indicate the currency of your bank account above, we will proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank. Account number Sort code (for UK banks only) SWIFT code (not required for UK banks) ABA number (U.S. banks only) IBAN (Note: depending on your region, you may not need to use all the IBAN boxes) Bank number (Hong Kong only) Branch number (Hong Kong only) Reference to be quoted (if applicable)

12. Bank account details (continued)

Correspondent bank details (if funds are to be paid through a separate bank)

Pank name	
Bank name	
Bank address	
A	
Account holder's name	
Account number	
Sort code (UK banks only)	
SWIFT code (not required for UK banks)	
ABA number (U.S. banks only)	
IBAN (Note: depending on your region, you may not need to use all	I the IBAN boxes)
Claimant 2 (Please provide us bank account details of the cou	intry where you are currently resident)
Please state the currency of your bank account (AED, USD, GBP	, HKD, SEK, etc.)
If you do not indicate the currency of your bank account above, additional charges or exchange rate charges by your bank.	we will proceed to make the payment in the plan currency and this may incur
Account number	
Account number	
Sort code (for UK banks only)	
SWIFT code (not required for UK banks)	
ABA number (U.S. banks only)	
IBAN (Note: depending on your region, you may not need to use all	the IBAN boxes)
Bank number (Hong Kong only)	
Branch number (Hong Kong only)	
Reference to be quoted (if applicable)	
Correspondent bank details (if funds are to be paid through a	separate bank)
Bank name	
Bank address	
Account holder's name	

12. Bank account details (continued) Account number Sort code (UK banks only) SWIFT code (not required for UK banks) ABA number (U.S. banks only)

13. Proof of identity and residential address for claimant(s)

IBAN (Note: depending on your region, you may not need to use all the IBAN boxes)

For each claimant, please ensure a valid suitably certified photographic ID and Proof of Address document are attached along with the form. For more details with regards to type of ID and Proof of Address documents that can be used, please refer to the 'Customer's guide to AML'.

14. Complaints

If you are not satisfied with our handing of your claim, please refer to our complaints procedure on our website www.zurich.ae.

15. Declaration

I/We authorise any doctor, medical establishment or other life assurance company to release to Zurich International Life or its appointed representative any medical or other information relating to the deceased.

I/We declare that all the information provided herein is true and complete to the best of my/our knowledge and belief and shall be the basis of the claim with the company.

I/We confirm that I/we am/are aware of my/our options for full/partial claim of my/our policy which forms the basis of this request.

I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s).

All claimant(s) or authorised signatories must sign this form

If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

Signature claimant 1		Signature claimant 2	
Date	DD MM YYYY	Date	DDMMYYYY
Country of residence		Country of residence	
Date residency effective	DD MM YYYY	Date residency effective	DD MM YYYY

16. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

16. Privacy notice (continued)

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data protection contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the `contact us' page of our website zurich.ae.

17. Local Zurich office contact details

Email us at:

benefit.claims@zurich.com

Call us: **Bahrain**

Telephone: +973 1756 3321

Isle of Man

Telephone: +44 1624 662266

Telephone: +974 4428 6322

United Arab Emirates

Telephone: +971 4 363 4567

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain. Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority. Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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