



ZURICH®

Private & Confidential

Claim Statement (Death / Payor Benefit Insurance)

Please fully complete the below information:

Agent Name \_\_\_\_\_ Agent Code \_\_\_\_\_ District \_\_\_\_\_ Agent Tel No. \_\_\_\_\_

1. Policy Particulars

Policy Number(s) \_\_\_\_\_ Name of Policyowner \* \_\_\_\_\_

Name of Deceased \* \_\_\_\_\_ Deceased's HKID Card / Passport No. \_\_\_\_\_

Policyowner  Life Insured (please tick ✓ the appropriate box) \* Please complete full name as shown on HKID Card/identification document

(1) Name of Claimant(s)\* \_\_\_\_\_ Claimant's HKID Card / Passport No. \_\_\_\_\_

(2) Name of Claimant(s)\* \_\_\_\_\_ Claimant's HKID Card / Passport No. \_\_\_\_\_

(3) Name of Claimant(s)\* \_\_\_\_\_ Claimant's HKID Card / Passport No. \_\_\_\_\_

(4) Name of Claimant(s)\* \_\_\_\_\_ Claimant's HKID Card / Passport No. \_\_\_\_\_

Policyowner  Beneficiary  Trustee  Assignee  Executor  Administrator (please tick ✓ the appropriate box)

Address of Claimant(s) \_\_\_\_\_

Relationship with the deceased \_\_\_\_\_ Tel No. \_\_\_\_\_

1. Deceased's job nature, name and address of Last Employer. (If occupation has been changed since Application)

2. Name of other insurers that the Deceased had ever held any Insurance policy(ies) during his/her lifetime.

2. Details of Illness/Injury & Health History

1. Date of Death

2. Place & Country of Death

3. Details of cause & course of death.

4. State the doctor or hospital names whom usually / most of the time provide consultation to the Life Insured.

5. If the incident was reported to the Police, please provide the name of the police station and the case reference no.

3. Payment Particulars

I/We request that subject to proof of title, the claim payment be converted into:  HK\$  US\$  Sterling (Please tick ✓ one Box)

4. Required Documents

1. Original Death Certificate\* 2. Original Identity Card of deceased and claimant\* (If not provided previously) 3. Original Policy Document or Lost of Policy Declaration

4. Last Attending 4. Physician Statement\* (If policy in force for less than 2 years) 5. Letter of Administrator or Probate \* (If policy without beneficiary designated)

\* The documents must be certified true copy by our Life Claims Dept. or by any authorized persons to be accepted by our Company.

5. Declaration and Authorization

1. I/We, the above claimant(s) hereby request payment of the total death benefits in accordance with the Policy and I/We warrant that I am/We are legally and beneficially entitled to such sum. (only applicable to death claim)

2. I/We, the above claimant(s) do hereby authorize any hospitals, physicians, medical practitioners, insurance companies or organizations that have any records or knowledge of the above deceased to disclose to our Company or its authorised representatives any and all the information with respect to his/her health, medical history, disease, hospitalization, advice, treatment, investigatory result, employment records or any other policies details and claim records, etc.

3. I/We also agree our Company to utilize the copy of myself/ourselves or the deceased's identification for the above claim purpose. A photostatic copy of this authorization shall be considered as effective and valid as the original.

4. I/We declare and agree that the personal information collected or held by our Company, whether contained in this application form or otherwise obtained, may be used by our Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

5. I/We shall have the right of access to and to request correction of any personal information concerning themselves held by our Company. A request for such access may be made to the Personal Data Privacy Officer of our Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

Date : \_\_\_\_\_ Signature of Life Insured or Claimant(s) : \_\_\_\_\_

Zurich Insurance Group (Hong Kong)

24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Life Claims Hotline: (852) 2535 3502 Fax: (852) 2105 3403 http://www.zurich.com.hk