

PROOF OF DEATH

CLAIMANT STATEMENT

Life Choices

PART 1 POLICY DETAILS							
Policy Numbers for which a claim is being made:							
PART 2 INSURED DETAILS							
Deceased's Name (in full):			Date	e of Death (DD/MM/Y	Y):		
Cause of Death:							
Date and Place of Birth (DD/MM/YY):						
Names and Addresses of all physi	cians who attended the de	eceased	in the past 5	years:			
Name	Address		Date of Visit	Reason for Visit			
Names and locations of all hospital	als or institutions where th		sed was treat	ted in the past 5 yea			
Hospital or Institution		City	City		Date of Treatment		
Was the deceased the Owner of any other policies with this company insuring the lives of relatives/other persons?							
☐ Yes ☐ No If Yes, please list t		•					
= 100 = 110 ii 100, piedoc iist t							
OLAUMANIT (O) DET							
PART 3 CLAIMANT(S) DET							
To be completed for each benefic	ciary/payee and remitted v	with a co	olour copy of	government ID and			
To be completed for each benefic	ciary/payee and remitted v	with a co	olour copy of	government ID and e of Birth (DD/MM/YY			
To be completed for each benefic Claimant 1 Name:	ciary/payee and remitted v	with a co	olour copy of	government ID and e of Birth (DD/MM/YY	·):		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address:	ciary/payee and remitted v	with a co	olour copy of	government ID and se of Birth (DD/MM/YY	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak	ciary/payee and remitted v	with a co	olour copy of	government ID and se of Birth (DD/MM/YY	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready f	ble to:	with a co	olour copy of	government ID and te of Birth (DD/MM/YY	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready for the following Please deposit to the following	ole to: g Bank/Account No.:	with a co	olour copy of	government ID and te of Birth (DD/MM/YY	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready f	ole to: g Bank/Account No.:	with a co	olour copy of	government ID and te of Birth (DD/MM/YY	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready for the following Please deposit to the following	ole to: g Bank/Account No.:	with a co	olour copy of	government ID and se of Birth (DD/MM/YY(Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name:	ole to: or collection: g Bank/Account No.: ided is accurate and comp	with a co	olour copy of Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready f Please deposit to the following I certify that the information proving Claimant 1 Signature:	ciary/payee and remitted vole to: or collection: g Bank/Account No.: ided is accurate and comp	with a co	Dat	government ID and the of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready f Please deposit to the following I certify that the information prov Claimant 1 Signature: Claimant 2 Name:	ciary/payee and remitted value to: or collection: g Bank/Account No.: ided is accurate and comp	with a co	Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name:	ole to: or collection: g Bank/Account No.: ided is accurate and comp	with a co	Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payak Contact Number when ready f Please deposit to the following I certify that the information prov Claimant 1 Signature: Claimant 2 Name: Relationship to the deceased: Claimant's Residential Address:	ciary/payee and remitted value to: or collection: g Bank/Account No.: ided is accurate and comp	with a co	Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name:	ole to: ole to: g Bank/Account No.: ided is accurate and comp	with a co	Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		
To be completed for each benefic Claimant 1 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payake Contact Number when ready for the following I certify that the information proving Claimant 1 Signature: Claimant 2 Name: Relationship to the deceased: Claimant's Residential Address: Please make the cheque payake Contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the deceased of the contact Number when ready for the decease of the contact Number when ready for the decease of the contact Number when ready for the decease of the contact Number when ready for	ciary/payee and remitted value to: or collection: g Bank/Account No.: ole to: or collection: g Bank/Account No.:	with a co	Dat	government ID and te of Birth (DD/MM/YY (Mailing a	ddress not acceptable)		



PART 4 AUTHORISATION

PROOF OF DEATH

CLAIMANT STATEMENT

Life Choices

I authorise all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to furnish to Coralisle Life Assurance Company Ltd., all information in their possession or within their knowledge respecting the deceased and to honour a photo static copy of this authorisation.						
Signed at	this	day of	_, 20			
Signature of Claimant:						
Witness:						
NOTE : In furnishing this or other claims forms for the convenience of the claimant, the Company does not admit any liability or waive any of its rights.						

Coralisle Life Assurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 293 5433 | Fax 441 296 4146 | www.CGCoralisle.com

Life Assurance and Personal Investments

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 02-22

The Insurance Store Limited acts as the representative and insurance agent on behalf of Coralisle Life Assurance Company Ltd. in accordance to Section 24 of the Insurance Act, 2008 in the British Virgin Islands.