

## 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 of Death (DD/MM/YY): \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date and Place of Birth (DD/MM/YY): \_\_\_\_\_

Names and Addresses of all physicians who attended the deceased in the past 5 years:

Name	Address	Date of Visit	Reason for Visit

Names and locations of all hospitals or institutions where the deceased was treated in the past 5 years:

Hospital or Institution	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 the numbers? \_\_\_\_\_

### PART 3 CLAIMANT(S) DETAILS

**To be completed for each beneficiary/payee and remitted with a colour copy of government ID and proof of residence.**

**Claimant 1 Name:** \_\_\_\_\_ **Date of Birth (DD/MM/YY):** \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Claimant's Residential Address: \_\_\_\_\_ (Mailing address not acceptable)

Please make the cheque payable to: \_\_\_\_\_

Contact Number when ready for collection: \_\_\_\_\_

Please deposit to the following Bank/Account No.: \_\_\_\_\_

I certify that the information provided is accurate and complete.

Claimant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Claimant 2 Name:** \_\_\_\_\_ **Date of Birth (DD/MM/YY):** \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Claimant's Residential Address: \_\_\_\_\_ (Mailing address not acceptable)

Please make the cheque payable to: \_\_\_\_\_

Contact Number when ready for collection: \_\_\_\_\_

Please deposit to the following Bank/Account No.: \_\_\_\_\_

I certify that the information provided is accurate and complete.

Claimant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART 4** AUTHORISATION

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: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Print Name \_\_\_\_\_

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.

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Life Assurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Life Assurance Company Ltd. processing my personal data, in accordance with Coralisle Life Assurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Life Assurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Life Assurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**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](http://www.CGCoralisle.com)

Life Assurance and Personal Investments  
**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.

Rev. 03-25

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.