

Accidental Death and Dismemberment Reporting Form

Important

- » Written proof of claim must be submitted within 90 days of occurrence.
- » You are responsible for any fees charged for completing this form or issuing supporting documentation.
- » Please refer to claims procedures in the policy booklet.

Requirements for accidental death & dismemberment

- » Fully completed and signed claim form completed by either the insured person or in the case of death, by the appointed executor/executrix.
- » Police report including any witness' statements.
- » Coroner's report and autopsy report.
- » Death Certificate.
- » Copies of all hospital/medical reports (if applicable).

Claimant Information

Insured:

Male Female

Date of Birth:

Policy #:

Phone:

Email:

Full Address:

Destination:

Departure Date:

Return Date:

Accident details and description

Where and when did the accident occur?

Cause of death (if applicable)

Details of injury(s) causing dismemberment

Medical Information

Attending Doctor:

Phone: Fax

Family Doctor:

Phone: Fax

Insured's Signature: _____

Date: