

Life Cover
Claim Form

How to complete this claim form

We are very sorry that an insured has died. Please accept our sincere condolences at this difficult time. We are committed to trying to make the claims process run as smoothly as possible. We will therefore need your help to do this.

Our initial requirements in order to start processing this claim are:

- An original Death Certificate
- Original birth certificate and Marriage Certificate or legal change of name documentation (if death certificate shows different name to birth certificate).
- Original Policy Document
- Completion of the Medical Consent form signed by the next of kin as we may need to obtain full medical records from the deceased's GP in order to validate the claim. Please contact the GP and ask them to retain the patient's notes and not return them to the Health Authority as this will delay the claim.
- Completion and return of the Request for Payment form.
- Sealed grant of Probate or Letters of Administration

**Compass Underwriting Ltd, Claims Department, 30 Dukes Place, London EC3A 7LP.
 Freephone number: 0800 032 7775 Fax: 020 7398 0109 Email: claims@compassuw.co.uk**

Please be advised that all calls are recorded for accuracy, training and monitoring.
 (We recommend that you send your claim documents by recorded delivery)

Details about the deceased

1. Certificate Number or Policy Number

2. Deceased's Full Name

3. Deceased's date of birth

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We need the following information about the representative of the deceased who is making the claim:

4. Title (please delete as appropriate)

Mr/Mrs/Miss/Ms/Other

5. First name(s)

6. Last name

7. Please state your relationship to the Deceased (e.g. Executor, Solicitor etc)

8. Address

Postcode

9. Home telephone number

10. Work telephone number

11. Mobile telephone number

12. Email address



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Request for Payment

If you wish to claim the sum assured under this Certificate/Policy and are entitled to do so, please complete this section.

Payment will be considered on receipt of this completed form together with any necessary supporting documentation.

1. To whom is the cheque to be made payable?

2. Address the cheque is to be sent to?

Postcode

DECLARATION

I,

As an appointed representative of the Estate, being entitled to claim the sum assured, hereby request you to pay the death benefit of

£

in full discharge of all your liabilities under this certificate/policy.

Certificate/Policy No.

in respect of the death of

Signature of Claimant

Witnessed by

The Witness's Full Name

Witness Signature

Witness Address

Postcode

Next of Kin Medical Consent

Please arrange for this section to be completed by the deceased's next of kin as without this we will be unable to process your claim.

I,

Of,

Postcode

As the next of kin of the deceased named above, hereby give my permission for the insurer, Syndicate 779, to approach the doctor detailed below (or any other doctor at the same surgery) and/or any other doctor or consultant who has attended the deceased, for full medical records and/or a report relating to the deceased.

I give the doctor(s) authorisation to provide such information required by the insurer.

The name and address of the deceased's usual doctor was:

Address

Postcode

Signature

Name (capital please)

What happens now

- Please ensure that all sections of this claim form have been completed and signed.
- Then return the form to us with all the supporting documents to:
Compass Underwriting Ltd
30 Dukes Place
London EC3A 7LP.
- We always recommend that you send the documents to us by recorded delivery
- We will then acknowledge receipt of your claim within 5 working days. If you have not heard from us please contact our claims team on: 0800 032 7775 or email: claims@compassuw.co.uk
- We will then keep you informed on a regular basis of the progress of the claim.

CLAIM FORM DECLARATION

I hereby declare that the statements in this claim form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of this death claim.

I understand and agree that information regarding this death claim may be shared with other insurers, loss adjustors and the fraud bureaus for fraud prevention purposes and that I consent to this claim being investigated as part of this process.

Signed

Date