

# LIFE COVER CLAIM FORM



## How to complete this claim form

We are very sorry to hear that one of our insured customers has died. Please accept our sincere condolences at this very 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 role, acting on behalf of the insurer, is to gather all the necessary information to help them in their assessment of this claim. In some cases the insurer may need further information – but they will contact you direct over this. All decisions are made solely by the insurer.

So the initial requirements in order to start the claims process are:

- 1 Original or legally certified copy of the Death Certificate clearly showing the date and cause of death.
- 2 Original or legally certified copy of the birth certificate and marriage certificate or legal change of name documentation (if death certificate shows different name to birth certificate).
- 3 Completion of the Medical Consent form signed by the legal representative or the next of kin as we may need to obtain 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.
- 4 Completion and return of the Request for Payment form. The Claimant's signature must be independently witnessed.
- 5 Sealed grant of Probate or Letters of Administration and details of the trustees and/or Solicitor handling the probate.

**Compass Underwriting, 30 Dukes Place, London EC3A 7LP.**

**Freephone number: 0800 319 6601 Email: [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk) From a mobile use 020 7398 0100**

Please be advised that all calls are recorded for accuracy, training and monitoring.

(We recommend that you SCAN and send all claim documents by EMAIL.

If you are not able to do this then please send them to us by recorded delivery.)

### Details about the deceased

1. Certificate Number or Policy Number

2. Deceased's Full Name

3. Deceased's date of birth

D	D	M	M	Y	Y
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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. Your date of birth

D	D	M	M	Y	Y
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7. Last name

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

9. Address

Postcode

10. Telephone number

11. Email address

## 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 electronic transfer to be made payable?

2. Bank account details

Name of your bank

Your account Name

Account number

Sort code

(Please provide evidence of ownership of this account for example copy statement or bank letter confirming account details).

## 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

### The Claimant's signature has been witnessed by

The Witness signing this document must be a person aged 18 or over, who has no commercial or financial interest in the Estate and no close personal relationship with the deceased or the person whose signature they are witnessing. The witness, to be independent, cannot be a spouse, co-habitee or close family member of the individual signing this document. **E-Signatures** - provided that the signatory inserts the electronic signature in the appropriate place in the document with the intention of authenticating it, the statutory requirement under the law will be satisfied.

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 legal representative or next of kin as without this we will be unable to process your claim.

I,

Of,

Postcode

As the legal representative or next of kin of the deceased named above, I hereby give my permission for the insurer, Isle of Man Assurance Limited ("IOMA") &/or Compass Underwriting, on their behalf, 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.

Isle of Man Assurance Limited (IOMA) is a private limited company incorporated in the Isle of Man with company number 3792C and is regulated and authorised by the Isle of Man Financial Services Authority. IOMA's registered address is IOMA House, Hope Street, Douglas, Isle of Man IM1 1AP.

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

Address

Postcode

Telephone Number  Email address

Signature  Name (capital please)

## What happens now

- Please ensure that all sections of this claim form have been completed and signed.
- If possible – please SCAN and email the documents to [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk).  
If you are not able to SCAN the documents then please send in the post to:  
**The Claims Department, Compass Underwriting, 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 319 6601** or email: [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk). If calling from a mobile you can also use **020 7398 0100**.
- Either we or the insurer 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 consent that IOMA may disclose the deceased's personal data to third parties involved in providing products or services to IOMA, or to service providers who perform services on our behalf such as Compass Underwriting. These will also include our group companies, third party administrators, reinsurers, reinsurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

I understand that this information will be held by Isle of Man Assurance Limited, which is part of the IOMA Group and Compass Underwriting under the Isle of Man's Data Protection Act and that full details on how IOMA hold your data is set out in the policy wording. If you have any questions concerning our use of the deceased's personal data, or your own data, please contact The Data Protection Officer, IOMA Group. You can also view this at: <https://www.iomagroup.co.im/privacy.html>

Signed  Date