

# Claim form

## Death

**Please write in black ink and use block capital letters.**

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa

**Please ensure:**

- ☐ You fully complete every question contained in this claim form.
- ☐ You have enclosed all requested information/documentation. If not, please ensure that any documentation to follow the submission of this claim, has the policy number clearly marked on the documentation you are sending.

**Please attach to this claim form, or forward as soon as they are available, copies of the following documents:**

- Identity document of the deceased
- Identity document of the policy holder
- Death certificate of the deceased
- Road traffic collision report (if death was due a motor vehicle accident)
- Post mortem report with blood alcohol test report
- Inquest report and/or court proceeding report
- Letter of appointment of the executor of the estate
- Police report

- ☐ You or your legal representative has signed the claim form.

**Personal details – to be completed by the policy holder**

Name of Employer:

Occupation:

Name of Policy:

Certificate/Policy Number:

Title: Full Name of Insured Person:

Date of Birth:

Physical Address:

ID No:

Tel. No (Business):

Tel. No (Home):

Fax No:

Cell Phone No:

Email:

### Deceased details

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Full name of the deceased:

ID No:

(please attach a certified copy of the ID)

Name of the person submitting the claim:

What is your relationship to the deceased:

What is your relationship to the Main Policy Holder:

(Please attach necessary document as proof)

Name of the deceased's usual Doctor, Clinic or Hospital:

Tel. No:

Fax No:

### Details of the accident

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If a motor accident occurred, please attach a copy of the road traffic collision report

Date of accident:

Time of accident:

The accident occurred where:

Name of Police Station where the  
accident was reported:

Tel. No of the Police Station:

Please state the CAS No. as provided by  
the Police Station:

Please provide the name and contact details of the Investigating Officer Handling this case:

Please describe as fully as possible how the accident happened:

## Authorisation

Please note that this claim form will only be accepted if this declaration has been signed by the policyholder, claimant or authorised person.

I/We \_\_\_\_\_ hereby declare and warrant that the information provided in this claim form is in every respect complete, correct and true and that the signing of this claim form constitutes written authority for Chubb Insurance Limited to inspect or investigate any records or details relevant to this claim. I/We further declare that any misrepresentation and or non-disclosure in respect of the information provided shall render the claim null and void.

I authorise any medical practitioner, hospital or other person to provide Chubb Insurance Limited with any information they require relating to my medical history of the deceased and the injury(ies) to which the claim relates. I agree that this consent shall remain in force at all times, and that a photo-copy or fax for this declared shall be accepted as original. I agree and accept that Chubb Insurance Limited may request additional information from any medical practitioner, hospital or any other person not specifically requested herein, on completion and submission of this form and any other documentation as submitted by me.

Signed by the claimant or his/her legal representative on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

Chubb. Insured.<sup>SM</sup>