



ACE European Group
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Claim Form

FATAL ACCIDENT

PLEASE USE BLACK INK AND BLOCK CAPITAL LETTERS AND ENSURE YOU SIGN THE DECLARATION ON THIS FORM.

THANK YOU FOR NOTIFYING US OF YOUR CLAIM. PLEASE COMPLETE **ALL** QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE 'N/A'

NAME OF POLICYHOLDER	CERTIFICATE/POLICY NO.	
FULL NAME OF INSURED PERSON (MR/MRS/MISS/MS)	DATE OF BIRTH	
FULL ADDRESS		
		POSTCODE
TELEPHONE NO. BUSINESS	TELEPHONE NO. HOME	
FOR SECURITY PURPOSES PLEASE PROVIDE A PASSWORD WHICH WILL BE REQUIRED TO ACCESS YOUR CLAIM INFORMATION:	E-MAIL ADDRESS	

EMPLOYMENT DETAILS

Occupation/Duties? _____

Name & Address of Employer _____

E-mail address of Employer _____

CLAIMANT DETAILS

Claimant Name (Mr, Mrs, Miss, Ms) _____ Date of Birth _____

Address (if different from above) _____

What is your relationship to Insured Person _____

Telephone No. (HOME) _____ Telephone No. (WORK) _____

E-mail address _____

ACCIDENT DETAILS

Please give exact date and time of accident: DATE _____ TIME _____ am / pm

A CERTIFIED COPY OF THE FULL DEATH CERTIFICATE WILL BE REQUIRED WHEN ISSUED

Please state full particulars of how the accident occurred _____

Were there any witnesses? YES / NO

If YES please provide names and addresses _____

Please give full name and address of the Insured Person's General Practitioner _____

Please give full name and address of HM Coroner who will be conducting the Inquest _____

Please give date Inquest held or planned: DATE _____

PAYEE'S BANK DETAILS WHEN THE CLAIM HAS BEEN APPROVED YOU MAY HAVE THE PAYMENT CREDITED DIRECT TO YOUR BANK ACCOUNT. THIS PAYMENT METHOD IS BOTH SPEEDIER AND SAFER THAN BY CHEQUE. IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS ARRANGEMENT THEN PLEASE COMPLETE THE FOLLOWING:-

Name of your Bank/Building Society: _____

Bank

Address _____

Postcode _____

Bank Sort Code (from the top right hand corner of your cheque)

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Account Number _____

Account Name(s) _____

DATA PROTECTION In order to administer your claim, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

DECLARATION I DECLARE THAT ALL THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL TRUE AND CORRECT.

SIGNED

DATE

CHECKLIST PLEASE RETURN THE COMPLETED CLAIM FORM TOGETHER WITH ANY ENCLOSURES TO YOUR INSURANCE BROKER OR TO ACE. PLEASE ENSURE...

YOU HAVE COMPLETED ALL RELEVANT QUESTIONS ON THIS CLAIM FORM

YOU HAVE ENCLOSED ALL REQUESTED INFORMATION/DOCUMENTATION

YOU HAVE SIGNED THIS CLAIM FORM .

AS FAILURE TO DO SO WILL RESULT IN DELAY IN HANDLING YOUR CLAIM

Thank you for fully completing this claim form.

