

Death Abroad Questionnaire

Policy details

Policy number(s)

Name of life assured

Value of policy(s)

Personal details of the deceased

Full name

Maiden Name (if married)

Place of birth

Date of birth

D	D	M	M	Y	Y	Y	Y
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Religion

Nationality

Occupation

Details of last employer

Last UK address

Travel details

Date left the UK

D	D	M	M	Y	Y	Y	Y
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Intended duration of visit

Purpose of visit

Passport Number

Date of issue

D	D	M	M	Y	Y	Y	Y
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Place of issue

Nationality stated on passport

If dual nationality held, details of any other passports

Deceased travelled alone?

☐ Yes ☐ No

Method of travel

Names and addresses of any persons travelling with the deceased

Circumstances of death

Address abroad at time of death

Exact place of death

Date of death

D	D	M	M	Y	Y	Y	Y
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Time of death

H	H	M	M
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Date death was registered

D	D	M	M	Y	Y	Y	Y
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Place of registration

Exact cause of death

Names and addresses of relatives or other persons present at death

Name and address of doctor who certified the death

Accident (If death not as a result of an accident, please go to next section)

How did the accident occur?

Who witnessed the accident? (Please give names and addresses)

Date admitted to hospital

D	D	M	M	Y	Y	Y	Y
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Time admitted

H	H	M	M
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To which hospital was the deceased taken?

Details of attending doctors

Was a police investigation carried out?

☐ Yes ☐ No

If yes, please give details of the officer/station involved

Illness

When was the deceased first taken ill?

Nature of illness

Name and address of medical attendant during last illness

Name and address of UK practitioner (if registered less than 1 year please provide the name and address of the previous GP)

Details of any illnesses in previous 5 years

Post Mortem and Inquest details

Was a police investigation carried out?

☐ Yes ☐ No

If Yes:

Name and address of Pathologist

Name and address of Coroner

Was there an inquest?

☐ Yes ☐ No

Was there a police investigation into the death?

☐ Yes ☐ No

If Yes to either of the above questions, please provide details of their findings

A copy of the report is enclosed

☐ Yes ☐ No

If the report is not available, please state why

Was the body returned to the UK?

☐ Yes ☐ No

Was an inquest held in the UK?

☐ Yes ☐ No

Details of the UK inquest findings

Additional Information

Was the deceased buried or cremated?

Name and address of the place the body was kept prior to burial/cremation

What documentation was obtained to allow burial or cremation to take place?

Where did the burial or cremation take place?

Name and address of two people, not related to the deceased, who were present at the burial or cremation

Documents

Please provide the following documents which should be sent by letter register/recorded delivery. All original documentation will be returned by Recorded Delivery. Please tick if the document is enclosed and if not please state why.

Death Registration Certificate	Enclosed <input type="checkbox"/>	Not Available
Medical Cause of Death Certificate/Coroner's Certificate	Enclosed <input type="checkbox"/>	Not Available
Post Mortem Report	Enclosed <input type="checkbox"/>	Not Available
Burial Permit	Enclosed <input type="checkbox"/>	Not Available
Evidence body was returned to the UK	Enclosed <input type="checkbox"/>	Not Available
Passport(s)	Enclosed <input type="checkbox"/>	Not Available
Airline Ticket(s)	Enclosed <input type="checkbox"/>	Not Available

Personal details of claimant(s)

Full name

Address(es)

Relationship to the deceased

Full name

Address(es)

Relationship to the deceased

Full name

Address(es)

Relationship to the deceased

Other policies

Please give details of all policies effected on the life of the deceased and the name(s) of any other insurer(s) involved. If more than two other policies held by the deceased, please add a separate sheet with the below details for each insurer.

Name of Insurer

Address

Name of Insurer

Address

Policy Reference

Amount payable £

Any other information that you feel may be relevant.

Policy Reference

Amount payable £

Declaration

Name of Deceased

Date of birth

D	D	M	M	Y	Y	Y	Y
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I authorise any doctor, medical establishment or other life assurance company to release to Zurich Assurance Ltd or its appointed representative any medical or other information relating to the deceased. I declare that all the information provided herein is true and complete to the best of my knowledge and belief and shall be the basis of the claim with the company.

Claimant/Next of Kin

Signature

Full Name

Signature

Full Name

Signature

Full Name

Data Protection

The personal information you provide on the claim form will be used by Zurich Assurance Limited for claims administration purposes. We have a legitimate business need to collect this as it provides the information we require to enable us to process your claim. Your personal information may also be processed so that we comply with the law. We may share your personal information with Capita Life and Pensions Regulated Services Limited who carry out work on our behalf and under our direction, with IT and postal service suppliers, or, in order to meet our legal or regulatory requirements, with the types of organisations described below:

- regulatory or legal bodies;
- law enforcement bodies, including investigators; and
- other insurance companies

We will retain and process your personal information only for as long as necessary to meet the purposes for which it was collected. These periods of time are subject to legal, tax and regulatory requirements or to enable us to manage our business.

You have a number of rights under the data protection laws, these include:

- to access your data (by way of a subject access request);
- to have your data rectified if it is inaccurate or incomplete;
- in certain circumstances, to have your data deleted or removed;
- in certain circumstances, to restrict the processing of your data;
- to claim compensation for damages caused by a breach of data protection legislation;
- if we are processing your personal information with your consent, you have the right to withdraw consent at any time.

In order to prevent and detect fraud we may at any time:

- check your personal data against counter fraud systems;
- use your information to search against various publicly available and third party resources; use industry fraud tools including undertaking credit searches and to review your claims history;
- share information about you with other organisations including but not limited to the police, the Insurance Fraud Bureau (IFB), other insurers and other interested parties.

If you provide false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. This may result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.

You can ask for further information about our use of your personal information or complain about its use in the first instance, by contacting our Data Protection Officer at: Zurich Insurance Group, Unity Place, 1 Carfax Close, Swindon, SN1 1AP or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

Zurich Assurance Ltd

Registered in England and Wales under company number 02456671.

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We may record or monitor calls to improve our service.

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