

3.2. DEATH CLAIM FORM (Doctors part)

MEDICAL REPORT DEATH OCCURRENCE

To be completed by the Doctor certifying the insured's death.

INSURED'S DETAILS:

Name/Surname:	Date of Birth:
Residence Address:	

DETAILS OF DEATH OCCURRENCE:

Date of Death:	Place of Death:
Name of Hospital/Clinic:	
Cause of Death (type of illness or disease, injury or complication that caused Death):	

Previous health problems that might have caused the above and since when:

Other serious conditions that contributed to Death, irrelevant to the actual cause of Death and since when:

Date of first examination for the last illness/disease:	Date of last examination for the last illness/disease:
Duration of illness/disease that was the cause of Death:	

Death due to illness/disease accident suicide or homicide
(Describe)

Did Investigation occur? YES NO

Did Autopsy occur? YES NO

Verdict:

Did you examined or advised the deceased during the last 3 years before the last illness? YES NO

Date of examination	Type of illness or disease

Do you Know if the deceased was examined during the last 3 years by any doctor or received treatment in any hospital or clinic for any reason?
YES NO

Date	Hospital/Clinic	Name of Doctor

I hereby responsibly declare that all the above information given in this form is true

Name of Doctor.....Signature.....
Specialty.....Date.....

Warning: All supporting documentation (originals) must be provided along with the claim forms

Supporting Documentation for death claim

1. Claim Forms (Fully completed) (Within 6 months from the date of the death certification)
2. Insurance Policy or affidavit for its loss
3. Birth Certificate and Death Certificate of the Insured
4. Photocopy of the Insured's Identity card
5. Medical jurisprudence report for necropsy – necrotomy, if done. If not done, it is necessary that a confirmation, by the doctor who issued the death certificate, to be presented, which should give the reason why a necropsy has not been done.
6. Medical history if the Insured has been hospitalized before his/her death.
7. Release certificate by the Inland Revenue Department manager (Forms E. Πρ. 703 - E. Πρ. 704)
8. Certificate of the deceased's estate trusteeship (issued by court)