

### 3.1. DEATH CLAIM FORM (Claimant part)

#### DEATH CLAIM

#### DECLARATION OF BENEFACTOR / TRUSTEE

Policy number:

To be completed by the Benefactor / Trustee			
<b>INSURED'S DETAILS:</b>			
Name:			ID number:
Residence Address:			Telephones:
Occupation at the time of Death:			

<b>DETAILS OF INCIDENT:</b>			
Date:	Time:	Place:	
Cause of Death: Accident <input type="checkbox"/> Disease / Illness <input type="checkbox"/>			
Brief Description:			
Date of first examination and diagnosis for last Disease or Illness and name of Doctor:			
Date of last examination for last Illness or Disease and name of Doctor:			
Names and Addresses of Doctors who have examined the Insured during his/ her Illness or Disease:			
<b>Name</b>	<b>Specialty</b>	<b>Address</b>	
The death of the insured has been verified at a state Hospital <input type="checkbox"/> or at a private Clinic <input type="checkbox"/>			
Name and Address of Hospital or Clinic:			
The death of the insured was verified by a private doctor? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name and Address of Doctor:			
The deceased was also insured with some other Insurance Company? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Amount:	Insurance Company:		

<b>BENEFACTOR'S DETAILS:</b>		
Name:	Date of Birth:	ID No.
Residence Address:	Tel.	
Relationship to the deceased:		
Under what capacity do you make this claim?		
Do you make this claim on behalf of others also? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES specify names:		

<b>DECLARATION</b>
With the present, I authorize all doctors, hospitals and clinics that at any time had examined the deceased to provide <b>GAN DIRECT INSURANCE LTD</b> with any certificate or information that might be requested.
Date.....Signature of Benefactor.....

**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. Пp. 703 - E. Пp. 704)
8. Certificate of the deceased's estate trusteeship (issued by court)