

Fatal Accident Claim Form

This form has been designed to help you provide all the information we need to process your claim quickly. Failure to complete this form correctly may delay your claim. We recommend you have the policy to hand for reference.

If you need to attach additional sheets please use the same section headings as detailed on this form.

Please complete this form in BLOCK CAPITALS and return it to: **Chartis Direct, Claims Department, 96 George Street, Croydon CR9 1BU.**

If you require assistance to complete your form or have any questions please call the number below and a member of our Claims Team will be able to help you: **Telephone: 020 8662 8101.**

**Please complete ALL questions - if any question is not applicable please state 'N/A'.
PLEASE MAKE SURE YOU SIGN AND DATE THIS CLAIM FORM (SEE SECTION 5)**

SECTION 1: Policy Details

POLICY NUMBER:

OFFICE USE ONLY:

CLAIM NUMBER:

SECTION 2: Personal Information – The Claimant

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

NAME IN FULL (INCLUDING TITLE):

DAYTIME TEL NO:

ADDRESS:

MOBILE TEL NO:

WHAT IS YOUR RELATIONSHIP TO THE INSURED PERSON:

POSTCODE:

EMAIL:

SECTION 3: Personal Information – The Insured

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

NAME IN FULL (INCLUDING TITLE):

NAME OF EMPLOYER:

ADDRESS:

ADDRESS OF EMPLOYER (IF SELF EMPLOYED, PLEASE STATE BUSINESS ADDRESS):

POSTCODE:

POSTCODE:

DATE OF BIRTH:

dd | mm | yy

INSURED'S OCCUPATION:

DATE OF DEATH:

dd | mm | yy

MAIN DUTIES:

SECTION 4: Accident Details

Please complete **ALL** questions. If you need to provide additional information, please use separate sheet(s) of paper and attach with this form.

PLEASE SEND EITHER THE INTERIM OR FINAL DEATH CERTIFICATE WITH THE COMPLETED CLAIM FORM.

Please state the date and time of the accident.

TIME:

DATE:

dd | mm | yy

PLEASE GIVE FULL DETAILS OF HOW THE ACCIDENT OCCURRED:

Were there any witnesses? Yes No

If Yes, please provide names and addresses if known:

NAME:
ADDRESS:
POSTCODE:

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of HM Coroner involved:

NAME:
ADDRESS:
POSTCODE:
DATE OF INQUEST (IF KNOWN): <input type="text"/> dd mm yy

Please give full name and address of the Insured Person's GP:

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of solicitors (if relevant):

NAME:
ADDRESS:
POSTCODE:

Please give full name and address of the Insured Person's Consultant (if relevant):

NAME:
ADDRESS:
POSTCODE:

Was the injury as a result of criminal assault or a Road Traffic Accident?

Yes No

If Yes, was the accident reported to the police?

Yes No

ADDRESS OF POLICE STATION:
POSTCODE:
INCIDENT REPORT NUMBER:
NAME OF POLICE OFFICER INVOLVED (IF RELEVANT):

How we use Personal Information

Chartis Direct is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your dependants). By providing Personal Information you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition or criminal conviction, and other Personal Information provided by you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights

- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to detect and prevent fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in your country of residence.

Security and retention of Personal Information - Appropriate legal and security measures are used to protect Personal Information. Our service providers are also selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@chartisinsurance.com or write to Data Protection Officer, Legal Department, Chartis Europe Limited, The Chartis Building, 58 Fenchurch Street, London EC3M 4AB. More details about our use of Personal Information can be found in our full Privacy Policy at www.chartisdirect.co.uk/privacy-policy or you may request a copy using the contact details above.

SECTION 5: Declaration and Consent

I declare that all statements I have made are true and complete.

SIGNATURE:

DATE

dd|mm|yy

NAME IN FULL:

Any problems completing this claim form? Please contact us on: 020 8662 8101