



**A BNP PARIBAS company**

# LIFE

# CLAIM FORM

Company Number 1007798

## IMPORTANT

- The copy of the Group Policy document will tell you whether you can make a claim
- Make sure you answer all the questions on this form, otherwise it will delay the claim
- Please attach a copy death certificate
- It is important that the declaration is signed before returning this form

**INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES**

## A - About the policy

Please indicate what the policy relates to: (a) Mortgage ☐ (b) Loan/Finance ☐ (c) Credit Card ☐ (d) Income Protection ☐ (e) Premium Waiver ☐

**FOR SECURITY REASONS, IF THE POLICY RELATES TO CREDIT CARD COVER, PLEASE DO NOT PROVIDE THE CREDIT CARD NUMBER AS THE POLICY NUMBER**

[illegible]

Name of Policy Provider	
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**If you have answered (a)-(c) above, please provide the following:**

Name of Lender, if different to Policy Provider	
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### **B - About the Deceased**

[illegible][illegible][illegible]

Date of Birth   /   /

[illegible][illegible][illegible][illegible][illegible][illegible]

he/she has had

Date of Death 



 / 



 / 



 Has a final death certificate been issued? Yes ☐ No ☐ If YES, please provide a copy when returning this form

If NO, please provide a copy of the interim death certificate, and provide brief details as to the cause of death

### C - Details of the Deceased's Doctor

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

**D - Representative of the Person Insured**

Title

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other

First Name(s)

Last Name

Address

Postcode

Email Address

@

We would like to call you with an update on the claim, if this is acceptable, please provide the preferred contact numbers below:

Home Tel Number

Work Tel Number

Mobile Number

Your relationship to the deceased

**E - Your Banking Details**

REPRESENTATIVE OF THE PERSON INSURED TO COMPLETE

(Please complete this section and if the policy allows us to pay direct to your bank, we will do so. PLEASE NOTE we can not pay in to a savings account.)

Account Holder

Sort Code

-

-

Account Number

Bank Name

**Declaration and Authority**

I declare that the statements I have made are true and agree that if they are found to be untrue Cardiff Pinnacle will have the right to reclaim all claim payments made to me as a result of my dishonesty (in accordance with the policy wording).

I authorise Cardiff Pinnacle and any of its agents to make any enquiries and obtain any information they may consider relevant from the doctor or any other relevant parties of the deceased, including licensed Credit Reference Agencies who may create a record of our search.

I understand that the information provided will be held on computer or other files by Cardiff Pinnacle, or its agent for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

I agree to my personal information being disclosed to the agent/party responsible for the sale of this insurance policy.

I understand it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from the claim being paid.

Signature

YOUR SIGNATURE

Print Name

PLEASE PRINT YOUR FULL NAME

Date

/

/

**What to do now**

Make sure that (please tick ☐):

☐ you have answered all the questions on this form, if applicable;

☐ you attach a copy death or interim death certificate;

☐ If you are satisfied with the content of this form, please read, sign and date the declaration and authority above.

Email everything to:

admin@cardifpinnacle.com

IMPORTANT

IMPORTANT: PLEASE BE AWARE THAT ANY CALLS YOU MAKE TO US MAY BE RECORDED FOR TRAINING AND MONITORING PURPOSES