



## Fatal Accident Claim Form

Once completed, please return your claim form to:

QBE European Operations  
Claims  
Plantation Place  
30 Fenchurch Street  
London  
EC3M 3BD  
United Kingdom

Thank you for notifying us of your claim.

Please complete this form and return to QBE as soon as possible.

Please write in **BLOCK CAPITALS**

Please provide full supporting documentation to avoid delays in processing your claim.

Please state 'N/A' where a section is not applicable.

### Company Details (The Insured):

Policy Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

### Claimant Details (The Insured Person):

Title	Full Name(s)	Date of Birth	Position Held

Claimant Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Country of Residence \_\_\_\_\_

Employee Number: \_\_\_\_\_



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Please provide details of the insured person's usual daily occupational duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give exact date and time of accident: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_\_ AM/PM

A CERTIFIED COPY OF THE FULL DEATH CERTIFICATE WILL BE REQUIRED WHEN ISSUED

Please state full particulars of how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any eye witnesses? YES / NO

If YES, please supply the name(s) and address(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give the full name of the insured person's general practitioner: \_\_\_\_\_

Please give the full name and address of the HM Coroner who will be conducting the inquest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give the date the inquest held / planned: \_\_\_ / \_\_\_ / \_\_\_

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### If your Claim is agreed how would you like to be paid?

If the payee name differs from the Insured name a mandate on the Insured's letter headed paper will be required before payment can be issued.

Please tick box to choose preferred method of payment.

Cheque:  Confirm Payee: \_\_\_\_\_

or

Direct to your bank account:  (UK bank account only)

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Account in the name of: \_\_\_\_\_

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#### Declaration – This must be signed.

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld any information within my/our knowledge connected with this claim. I/We agree to provide the insurer with any further information as may be reasonably required. I/We understand that the insurer does not admit liability by issue of this form.

**WARNING – the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police, with whom we always co-operate.**

The insurance industry operates a number of anti-fraud initiatives. The information on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_