CLAIM NOTIFICATION FORM
(in case of Loss of Life of the insured person)

POLICY NUMBER _____
POLICY ISSUANCE DATE: _____

The Claim Notifier:
POLICYHOLDER/EMPLOYER _____
Contact Person: _____
Address: _____
Tel/Mobile: _____
e-mail _____

DETAILS OF INSURED PERSON'S LOSS OF LIFE:

- Name, Father's Name, Surname: .....
- Address: .....
- Birthdate: .....
- Date of death: .....
- Place of Death, (home, hospital (name of hospital), etc.: .....

In case of Natural Death please give details as:

- The disease that caused death: .....
- When was diagnosed for the first time? .....
- When the medication /treatment started? .....

In case of Accidental Death please give details as:

- Brief description of the circumstances: .....
- Is there any doubt regarding a suicide?.....
- Is there a policy report in place? Which one? .....
- Is there any doubt that the death is caused from a third party?.....
- Are there ongoing investigations? On what basis? .....

DOCUMENTS TO BE SUBMITTED:

In case of 'Natural Loss of Life'

- Death certificate of the insured person (Çertifikata e vdekjes);
- Medical Form that certifies the of Cause of Death (Skeda e vdekjes);
- In case of loss of life by an employee who is not reported and insured yet in the respective quarterly report, the employer must provide proof of hiring/ employment certified by the responsible contact person, clearly specify the date of employment
- Beneficiary Designation Form or Certificate of Inheritance (Deshmi e Trashegimise) or any other valid legal document that assign the beneficiaries.
- Beneficiary's identification document
- Beneficiary's bank account document
- Other medical/legal documents if necessary

In case of 'Accidental Loss of Life'

- In case of 'Accidental Loss of Life'
- Death certificate of the insured person (Çertifikata e vdekjes);
- Medical Form that certifies the of Cause of Death (Skeda e vdekjes)
- Forensic Report (Akt-Ekspertimi mjekoligjor)
- In case of loss of life by an employee who is not reported and insured yet in the respective quarterly report, the employer must provide proof of hiring/ employment certified by the responsible contact person, clearly specify the date of employment
- Beneficiary Request Form
  Beneficiary Designation Form or Certificate of Inheritance (Deshmi e Trashegimise) or any other valid legal document that assign the beneficiaries.
- Beneficiary's identification document
- Other medical/legal documents if necessary

I hereby declare that all information in this Claim Form is true and correct to the best of my knowledge and belief.

Place..... ..... Date.....

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(Name, Surname and the signature of the notifier.)

Date of submisson _____(to be filled by SIGAL Life Uniqa Group Austria)