

Fatal Accident Claim Form



THANK YOU FOR NOTIFYING US OF YOUR CLAIM
PLEASE COMPLETE ALL QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE "N/A"

Name of Institution (University, College etc):
Certificate No:
Date on which Travel commenced:

Full Name of Deceased: (Mr, Mrs, Miss, Ms)	Date of Birth:
Full Address:	
Postcode:	

EMPLOYMENT DETAILS	
Occupation/Duties:	
Name and Address of Employer:	
Please state average annual gross and net salary for 12 months prior to date of accident (please ensure you enclose a copy of the most recent payslip) or over the previous 36 months from the date of accident if self employed (please provide evidence of income by means of Inland Revenue Tax Assessment Forms).	
Gross:	Net:

PLEASE ENSURE YOU SIGN THE DECLARATION ON THIS CLAIM FORM

CLAIMANT DETAILS

Claimant Name: (Mr. ,Mrs., Ms)

Date of Birth:

Full Address (if different to overleaf):

Postcode:

Tel No. (Business):
Email:

(Home):

What is your relationship to the deceased?

ACCIDENT DETAILS

Please give exact date and time of accident:

Date:

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 witnesses?

YES/NO

If YES, please provide names and addresses:

Please give full name and address of the covered Person's General Practitioner:

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

Please give the date inquest held or planned:

BANK DETAILS

When the claim has been approved you may, at our discretion, have the payment credited direct to your bank Account. This Payment method is both speedier and safer than by cheque. If you would like to take advantage of this arrangement, please complete the following:

Name and address of your Bank:

_____ Bank	Branch Sort Code
Address _____	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
_____	Account Number _____
_____	Account Name(s) _____
_____ Postcode _____	

DECLARATION

I declare that the information given is to the best of my knowledge and belief, full, true and correct.

Signed: _____ Date: _____

PLEASE ENSURE

(√)

- You have completed ALL relevant questions on this claim form.
- You have enclosed all requested information/documentation.
- You have signed this claim form.

As failure to do so will result in delay in handling you claim.

Please return the completed claim form together with any enclosures to:

U.M.Association Ltd & Hasilwood Management Services Ltd,5 St Helen's Place ,London EC3A 6AB

Thank you for fully completing this form.