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# Fatal Accident Claim Form

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Thank you for notifying us of your claim

Please complete all questions – if any question is not applicable please state 'N/A'

This form can be completed electronically or by hand. Please send the completed form together with all relevant

correspondence to: **U M Association Ltd, 5 St Helen's Place, London EC3A 6AB**

**Telephone: 020 7847 8670 Fax: 020 7847 8689 Email: [claims@umal.co.uk](mailto:claims@umal.co.uk)**

Please note: Windows 10 users viewing this form in MS Edge or Mac Users viewing in Preview may encounter problems saving the information entered. To avoid this, please ensure you have downloaded this form and are viewing it in the latest version of Acrobat Reader.

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 including postcode

## Employment Details

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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 the last page of this claim form**

### Claimant Details

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Claimant name (Mr, Mrs, Miss, Ms)  Date of Birth

Full address including postcode

Telephone no. (Business)  Telephone no. (Home)  Email

What is your relationship to the deceased?

### Accident Details

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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? If 'YES', please provide names and addresses YES  NO

Witness 1

Witness 2

Witness 3

Witness 4

Witness 5

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

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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 (including postcode)

Account Number

Account Name(s)

### Declaration

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This form can be signed using a Digital Signature. Instructions are provided in the signature box below. For further information please click here (<https://helpx.adobe.com/acrobat/using/certificate-based-signatures.html>). If you prefer, the form can be signed by hand, scanned and emailed or posted to us.

Name	Signature
Position	
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 your claim.

Thank you for fully completing this form.