

# Death abroad

## Questionnaire

Please complete all sections of this form immediately, in BLOCK CAPITALS, and send it to Canada Life International Limited (also known as 'Canada Life' or the 'Company' in this form) at the address shown on the last page

Policy number(s)

### Part 1

#### Details of policy

Name of life assured

Current sum assured

### Part 2

#### Particulars of deceased

Full name

Passport number

Date of birth  
(day, month, year)

 /  / 

Last registered address in the  
United Kingdom  
(including postcode)

Postcode	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> </tr> </table>										

Date deceased left the  
United Kingdom (day, month, year)

 /  / 

Intended duration of visit

Destination and purpose of visit

Address overseas where  
deceased was staying before  
their death

Postcode	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> <td style="width: 10%; border: none;"> </td> </tr> </table>										



**IMPORTANT:** You must answer all questions fully, accurately and truthfully. Failure to do so may result in non-payment of a claim. The issue of this form is in no way an admission of liability.

### Part 3 Details of death

Exact cause(s) of death

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Date and hour of death  
(day, month, year)

/	/ 2
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:	am / pm
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Address where death occurred


Name and address of the doctor  
and hospital certifying death


Name and address of the hospital  
where the death was certified (if  
different)


Did a coroner's inquest  
take place?

Yes\*  No

\*If 'Yes', please provide copies  
of the post mortem and any  
toxicology reports

Was a police investigation held?\*

Yes\*  No

If 'Yes', please provide name  
of officer/station involved and  
submit a copy of the police report  
to us.

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### Part 4 Complete this section if death was due to illness

Date the deceased became ill  
(day, month, year)

/	/ 2
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Nature of illness

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Name and address of any  
doctor who attended during the  
last illness

	Postcode								



**IMPORTANT:** You must answer all questions fully, accurately and truthfully. Failure to do so may result in non-payment of a claim. The issue of this form is in no way an admission of liability.

**Part 5****Complete this section if death was due to an accident**

How did the accident occur?		
Place and address where the accident happened		
Which hospital was the deceased taken to?		
Date and hour of the accident (day, month, year)	/ / 2	: am / pm

**Part 6****Burial / Cremation**

Was the deceased buried or cremated?	
Where did this take place?	
Name and address of any doctor who attended during the last illness	
	Postcode

**Please submit the burial or cremation certificate that allowed this to take place**

Was the deceased imported back or repatriated to the United Kingdom? Yes\*  No

\*If 'Yes', please submit a copy of the repatriation certificate or documents from the representatives from foreign country as well as from the United Kingdom immigration authority

**Part 7****Particulars of claimants**

<b>Claimant 1</b>	
Full name	
Full address (including postcode)	
	Postcode
Relationship to deceased	
<b>Claimant 2</b>	
Full name	
Full address (including postcode)	
	Postcode
Relationship to deceased	

**Data Protection Notice**

Any personal information you may provide to Canada Life International Limited ('the Company') as data controller will be treated in accordance with the Isle of Man Data Protection Act 2002.

By signing this form you consent to the Company using and sharing your personal information as set out in this notice including, without limitation, the processing of personal sensitive data.

If submitting personal information about another person, by signing this form you confirm that you have their consent to provide such information to the Company and for their information to be used as set out in this notice.

**Using personal information**

The Company uses personal information to undertake any activity relating to its policies, products and services and, where relevant, to process applications, set-up and administer policies, products and services and handle any claims.

**Sharing personal information**

The Company may share personal information:

- With other Canada Life companies including those outside the European Economic Area;
- with its relevant reassurers;
- with approved service providers including providers of medical services and opinions;
- with the Isle of Man Assessor of Income Tax or his or her delegate;
- with the Isle of Man Financial Services Authority;
- with the UK Financial Conduct Authority;
- with the UK Prudential Regulation Authority;
- with any other regulators with competent jurisdiction;
- with the Isle of Man Financial Services Ombudsman Scheme;
- with the UK Financial Ombudsman Service;
- with any other applicable financial services ombudsman schemes or supervisors;
- with other insurers;
- with relevant industry bodies such as the Association of International Life Offices, if appropriate;
- with other companies, organisations and associations and/or credit reference agencies in order to prevent, detect or investigate financial crime or fraud;
- with law enforcement agencies; and
- in any circumstances if permitted or required to do so by law or if the Company has consent to do so.

Where the information is being released to any of the above, the Company may use electronic communications.

Relevant industry bodies may share information about you collected by other insurances companies with the Company.

The Company will not use your information to advise you of other products and services offered by third parties or companies within the Canada Life marketing group.

**Accessing personal information**

A person whose personal information is held by the Company has various rights including the right to:

- have any incorrect personal information corrected;
- and/or
- access the personal information the Company holds for which a fee may be charged.

To do so and/or if you need more information, please contact the Company. Requests and queries should be addressed to:

**The Data Protection Officer**  
**Canada Life International Limited**  
**Canada Life House**  
**Isle of Man Business Park**  
**Douglas**  
**Isle of Man**  
**IM2 2QJ**

**By signing this declaration it means that you are agreeing to everything set out above.**

**I/We confirm that I/we have answered all of the questions, truthfully, fully and to the best of my/our knowledge.**

**I/We confirm that I/we have mentioned all relevant information relating to the claim and have done so honestly and correctly. I/We understand that if I/we do not honestly and correctly tell Canada Life International Limited all relevant information, this could result in my/our claim being refused.**

**I/We confirm that I/we have read the Data Protection Notice in Part 8 and am/are satisfied that my/our personal information will be handled appropriately, in accordance with the notice.**

**Signature**

**Claimant 1 signature**

Date (day, month, year)

Print name

**Claimant 2 signature**

Date (day, month, year)

Print name



Canada Life International Limited, registered in the Isle of Man no. 33178. Registered office: Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ. Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201 www.canadalifeint.com Member of the Association of International Life Offices.

Canada Life International Limited is an Isle of Man registered company authorised and regulated by the Isle of Man Financial Services Authority.

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