Death
Claim Form

- Please complete in **BLOCK CAPITALS** and tick (✓) where appropriate
- Please answer all questions fully to avoid any undue delay in considering your claim.
  If you fail to disclose all relevant information or if you give false information you could render your insurance void.
- Please note this form is not an admission of liability by New Ireland Assurance. On receipt of your claim form we will assess your claim and we will communicate with you when this process has been completed.
- Please return this form to: Claims Department, New Ireland Assurance, 11-12 Dawson Street, Dublin 2.
  Tel: 01 617 2974. Fax: 01 617 2050. Email: claim@newireland.ie
  Please ensure if sending personal data (especially sensitive personal data i.e. medical information) by email that appropriate security measures (including encrypting the data) are taken to comply with relevant regulatory obligations.

Policy Number:

1. Claim details

Name of Deceased:

Address of Deceased:

Date of Death: D D | M M | Y Y Y Y

Deceased's Date of Birth: D D | M M | Y Y Y Y

Name of Claimant:

Address of Claimant:

Capacity of Claimant:

(e.g., an executor, administrator, trustee, assignee or policyholder)

2. Medical details - Please note this is not required for Investment/Savings policies

The name and address of the deceased Life Assured's normal GP and also, if relevant, the name and address of the Hospital Consultant who attended the deceased Life Assured:

Medical Information Authorisation

I/we consent to New Ireland Assurance seeking information from any doctor who at any stage has attended the deceased life assured concerning his or her physical or mental health or seeking information from any insurance office to which a claim has been made and I/we authorise the giving of such information.

Signature of Next of Kin:

Date: D D | M M | Y Y Y Y

3. Payment details

Following the admittance of the claim please pay the proceeds to the person shown below.

By EFT payment to the following bank account*

Account Holder Name(s):

Account Number (IBAN):

Swift BIC:

(your bank will be able to confirm these details if necessary)

Bank Name:

Address:

* Please note that payment by EFT is not possible for some policy types.

4. Policy Documentation

Please enclose the original policy schedule. If the policy schedule is not enclosed as it is unavailable, please tick this box. ☐

Please only complete this section where the original policy document does not accompany the claim form and is otherwise unavailable.

Has the policy been assigned, mortgaged, deposited as security for a loan or has the policy been passed to a third party? ☐ Yes ☐ No

Is the policy presently under trust? ☐ Yes ☐ No

Where the answer is Yes to any of the above questions, then the payment of the claim will not be able to proceed until the written consent of the relevant assignee/trustee has been obtained.

5. Declaration

I/we declare that I/we are legally entitled to claim the amount payable under the above policy. The details shown above are true and complete. Following New Ireland's acceptance of the claim, please pay the proceeds of this policy to the person or to the bank account as shown above.

Where it has been indicated that the original policy document is not available at this time and/or has been mislaid/lost then in consideration of New Ireland paying the proceeds of the policy as instructed I agree to hold harmless New Ireland Assurance Company plc from and against all claims, costs, charges and expenses which it may incur by reason of the unavailability of the policy. I also agree to deliver the policy to New Ireland should it hereafter come into my possession.

I consent to New Ireland Assurance seeking information in connection with this claim form from any source the Company deems necessary and I authorise the giving of such information.

I understand and consent that New Ireland Assurance and its duly authorised agents may hold and use the information on computer file, in any other dematerialised form or in written hard copy on it's own behalf and may use or pass the information to third parties (including, where relevant, specialist or private investigators) for matters in connection with the investigation and processing this claim and for administration, regulatory, customer care and service purposes. I agree that New Ireland Assurance or a duly authorised agent of New Ireland Assurance may contact me in person, by phone, by email, or by letter.

"Information" means any information including medical and non-medical information given by me or on my behalf in connection with this claim or any further information which may be given at a later stage either in writing, by email, at a meeting or over the telephone.

Signature of Claimant 1: Date: D D M M Y Y Y Y

Signature of Claimant 2: Date: D D M M Y Y Y Y