

Mortal remains Claim form

Please complete clearly in BLOCK CAPITALS.

Further information about how to complete this form can be found on the reverse.

Failure to complete all sections marked 'must be completed' on this form may result in delays.

Section A: Details of the deceased – must be completed

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:
Family name (surname):	First name(s):
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of death (dd/mm/yyyy):	
Cause and place of death:	
Member number:	Plan number:

Section B: Details of the person filling in the form (you, the claimant) – must be completed

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other:	
Family name (surname):	First name(s):	
Date of birth (dd/mm/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to the deceased:		
Member number (if applicable):	Plan number (if applicable):	
Correspondence address:		
Town:	Postcode:	Country:
Email:		
Daytime phone:		Evening phone:
Are you the planholder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the executor/administrator of the estate/Solicitor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the next of kin?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: The next of kin must be aged 20 years old and over. If they are under the age of 20 years old their legal guardian will need to fill in the form and sign the declaration on their behalf.

Please attach the following documents in 1 and 2:

1. Official copy of probate letter or letters of administration showing the claimant's name.

OR

If the estate falls below the threshold for probate/letters of administration:

2. Proof confirming that the claimant is the next of kin. A guardianship letter is required if the claimant is under the age of 20 years.

And

3. A copy of the deceased's death certificate.

4. A copy of the police report confirming the circumstances of the deceased's accident which caused their death if applicable.

5. A copy of the autopsy report in respect of the deceased's death if applicable.

Section C: Mortal remains expenses – must be completed

Please attach a copy of the death certificate/a copy of the funeral notice

Cause and place of death:

Did you request pre-authorisation?

Yes No

Please tick the appropriate box to confirm which costs you are claiming

1. Preparation and transportation costs:

or

2. Local burial/cremation costs:

or

3. Other, please specify:

Provide the breakdown of the receipts being submitted:

Type of expenses claimed	Receipt date	Receipt reference	Amount (including currency)

Use a separate sheet if you need more space.

Section D: Data Protection and Declaration

Data Protection Notice

We are committed to protecting your personal data and privacy. Any personal information that we collect from you will be kept confidential and will be processed in accordance with relevant legislation and our own strict internal policy.

We will use any personal data to process your claims, administer your plan, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer services and for statistical analysis.

We will communicate directly with you about your claim. Claims information may be discussed with your agent or broker if you have authorised us to provide them with such information, or to another person that you have authorised us to provide such information.

If you want us to disclose your claims information to another individual or next of kin, please complete the section below.

I would like information about this claim to be provided to:

Name:

Relationship:

Declaration – must be signed by the claimant or the main member or guardian if the claimant is a dependant under the age of 20

I declare that all the details given on this Claim form are true and accurate and that I have not missed out any details important to this claim. I understand that if this claim is found to be fraudulent, in whole or part, I may be committing a criminal offence and that this may invalidate the plan. I authorise any medical practitioner, specialist, therapist or other relevant establishment that has provided services relating to this claim, to give any details that may be asked for by the insurer or its duly appointed administrators or authorised agents.

I confirm that I give explicit consent for the insurer or its duly appointed administrators or authorised agents to process my personal information.

I authorise and request any hospital, specialist, physician or other health provider to furnish the insurer or its duly appointed administrators or authorised agents with such information as they may seek from them in order to consider this claim.

Planholder/executor of estate's/
next of kin's/legal guardian's signature:

Date (dd/mm/yyyy):

Section E: Payment details

We will only issue payment to:

- the claimant if they are 20 or over;
- the next of kin or legal guardian, if the claimant is under 20.

Please tell us who paid the invoices submitted :

Failure to complete all information for the chosen reimbursement method may result in you, the named person or entity:

- experiencing delays in receiving the claim settlement; and
- incurring additional bank charges.

Name of account holder:

If the claimant's name (as given in section B) is different to the account holder name, please provide the following details :

Address of account holder:

Email address of account holder:

Telephone number of account holder:

Bank account details:

Bank name:

Bank address (including town and city):

BIC/SWIFT code:

Currency of bank account:

Account number:

To help us direct your payments efficiently, supply the following as relevant:

IBAN number (mandatory for all payments to bank accounts in countries that have adopted IBAN):

Sort code (mandatory for UK located banks):

Routing code/Branch code (as available)

ABA number (mandatory for transfers to US located banks):

Important information

Please remember these important points when completing your Claim form:

- Assessment of your claim may be delayed if you do not complete all the necessary sections of this form.
- Send your claim to us as soon as possible. We recommend that you do so within a maximum period of six (6) months from the date of death.
- Always send us the original invoices with this form. Receipts and credit card statements are not acceptable.

Section D:

If the declaration has not been read and signed, we will not be able to process your claim.

Section E – Payment details

- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find the payment information on your bank statement.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the currency of your plan. For the current list of applicable currencies and countries please refer to our website.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.

The no-claims discount applies to individual and family plans only. Claims made under the mortal remains benefit will affect your no-claims discount.

The no-claims discount does not apply to groups.

Checklist

Please send your claim to us by post. Please check you have included:

- a fully completed Claim form with signed and dated declarations
- the original itemised invoices
- a copy of the death certificate and/or a copy of the funeral notice
- a copy of the police report if relevant
- other relevant documentation

If we have requested originals, photocopies will not be accepted.

We will be unable to return them but we are happy to provide certified copies on request.

Please call us on +66 (2) 662 8280 press 4 or email th-claims@aetna.co.th if you require any further assistance.

Send your claim to: IPMI Claims Team, Allianz Ayudhya General Insurance Public Company Limited.

898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

T +66 (2) 662 8280 press 4 Office hours: 08.30-17.30