

Death Abroad Questionnaire

This form is to be completed by the policy holder. Please send the completed form to Zurich at the details shown below.

1 Deceased members details

Full name:

Maiden name (If married):

Date of birth:

Place of birth:

Nationality (If dual, please provide details):

Occupation:

Last UK address:

Date left UK:

Intended duration of visit:

Purpose of visit:

2 Circumstances of death

Address abroad at time of death:

Exact place of death:

Date of death:

Time of death:

Exact cause of death:

Date death was registered:

Place of registration:

Names and address of relatives or other persons present at death:

3 Accident (If death not as a result of an accident, please go to next section)

Nature of the accident and how did the accident occur?

Date of accident:

Time of accident:

Place of accident:

Who witnessed the accident (please give names and addresses)?

Date admitted to hospital:

Time admitted:

To which hospital was the deceased taken?

Details of attending doctor:

Name and address of doctor certifying death:

Was a police investigation carried out?

Yes

No

If 'Yes', please give details of the officer/station involved and please send us a copy of the police report:

4 Postmortem and inquest details

Was there a postmortem? (If 'Yes', please send us a copy of the postmortem as per section 7)

Yes

No

If 'Yes', name and address of pathologist:

Was there an inquest? (If 'Yes', please send us a copy of the inquest as per section 7)

Yes

No

Name and address of coroner:

Was the body returned to the UK? (If 'Yes', please send a copy of the relevant documentation as per section 7)

Yes

No

Was there an inquest held in the UK? (If 'Yes', please send a copy of the inquest/UK Coroner certificate as per section 7)

Yes

No

5 Illness (If death not as a result of an illness, please go to next section)

Nature of illness:

Date of illness onset:

Name of attending doctor/medical practitioner:

Address of medical establishment during last illness:

If illness onset was prior to going abroad, name and address of UK GP/doctor:

6 Burial/cremation details

Was the deceased buried or cremated?

What documentation was obtained to allow burial or cremation to take place?
(As per section 7, please also send us a copy of the documentation)

Date of burial/cremation:

Place name and address of where the burial or cremation took place:

7 Documents

Please provide the following documents. Please tick if the document is enclosed and if not available, please state why.

Death Registration Certificate	Enclosed	Not available	Reason:
Medical Cause of Death Certificate/Coroner's Certificate	Enclosed	Not available	Reason:
Postmortem/Inquest Report	Enclosed	Not available	Reason:
Burial Permit/Documentation	Enclosed	Not available	Reason:
Evidence body was returned to the UK (Repatriation papers, etc.)	Enclosed	Not available	Reason:
Passport(s)	Enclosed	Not available	Reason:
Airline ticket(s)	Enclosed	Not available	Reason:
Funeral/cremation documentation	Enclosed	Not available	Reason:

Please send the documents by email to: zcr.life.claims@uk.zurich.com.

If you are sending the originals to us, please send these to: Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

All original documentation will be returned by recorded delivery as quickly as possible.

8 Any other information

Please provide any other information that you feel may be relevant.

9 Declaration

This form is to be completed by a company representative of the policy holder. This form must be printed, signed, scanned and returned to us. If you would like to sign the form online using eSignatures, please contact our claims team by email or phone.

Signed:

Print name:

Capacity:

Date:

How to contact us

Please send the completed form by email to: zcr.life.claims@uk.zurich.com

Or if you prefer, please send the form via post to: Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

You can call us on: 0800 181 4004

If you have any questions regarding your rights under the Access to Health Records Act or any questions relating to the process of obtaining, assessing or storing medical information, please write to us at Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Zurich Assurance Ltd.

Registered in England and Wales under company number 02456671.
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