CLAIM FORM

Fatal Accident

ACE European Group Limited
Le Colisée
8 avenue de l'Arche
92419 Courbevoie CEDEX
France
+33 (0)1 55 91 48 85 *tel*
+33 (0)1 56 37 41 76 *fax*
www.acegroup.com/fr
AHdeclaration@acegroup.com

PLEASE USE BLOCK CAPITAL LETTERS USING BLACK INK AND ENSURE YOU SIGN THE DECLARATION ON THIS FORM.

Thank you for notifying us of your claim, please complete all required questions in full and return it within as soon as possible (according to your policy) by email or post to ACE European Group Limited at the above noted address.

Claim number (to be completed by ACE)	
Policy number	**PAI FRBBBA00558** **SPAI FRBBBA00557**

Policy holder

Company	
Address	
Post code/ Town	
Telephone number	
Email	

Insured person

Name and Surname	
Date of birth	
Address	
Post code/ Town	
Telephone number	
Email	

Insured bank details

Bank	
Bank address	
Account holder	
IBAN	
BIC / SWIFT Code	

Family status of the deceased

☐ Single ☐ Married / in a Civil Union ☐ Widowed ☐ Divorced

Children (in total)	
In age of majority	
In age of minority	
to support financially	

Information on the accident

1 Date and time of the accident _____

2 Place of accident _____

3 Description of the accident _____

_____

_____

_____

_____

4 Presence of a police report ☐ Yes ☐ No

If yes, please specify:

Name of the Police Unit that wrote the report _____

Police report number _____

5 Presence of witnesses ☐ Yes ☐ No

If yes, please specify:

Witness 1 Name and Surname _____

Address _____

Telephone _____

Witness 2 Name and Surname _____

Address _____

Telephone _____

Contact information of the notary in charge of the deceased succession

Name and Surname _____

Address _____

Post code/ Town _____

Telephone number _____

Email _____

Supporting documents to be provided

Please attach supporting documents to the actual claim form and check the corresponding box:

☐ the medical certificate of the doctor who provided the first aid with a description of the injuries. The certificate has to be enclosed in a confidential envelope and addressed to "the Medical Officer of the company" *(à l'attention du "medecin conseil de la compagnie")*
☐ the death certificate
☐ the written designation of the beneficiary by the insured
☐ a copy of the family record book (to be obtained to the notary in charge of the deceased succession)
☐ a copy of the births certificates of insured children accompanied by the tax declaration proving that they are financially dependent on the deceased

Please be aware that the company may request additional documents/information, if necessary, for processing your claim and for the enforcement of the contract terms & conditions.

Data Protection

The insurer is responsible for your personal data gathered in this form.
All the answers are compulsory and necessary for processing your claim and for the enforcement of the contract terms & conditions.
Medical data is exclusively intended for the use by the Medical Officer of the company and other authorised internal or external authorised professionals (including Medical experts).

According to the regulation "Informatiques et Libertés" (data protection), you are entitled to consult, correct or erase your personal data or information for legitimate reasons. You may exercise this right, by sending a written request (accompanied by a copy of your identification document) to ACE European Group Limited (contact information on the first page) or to the Medical Officer of the company if specifically relating to medical information.

Declaration

I declare that all the information given is to the best of my knowledge and belief, full true and correct

Place, Date | Signature (insured or representative)

Checklist

Please return the completed claim form to ACE European Group Limited by email to AHdeclaration@acegroup.com or by post (address noted on the first page) and please ensure:

☐ You have completed ALL the 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