



LIFE INSURANCE CLAIM FORM

This form is to be completed by the recipient of the benefit payment, who must be an authorised claimant, and an authorised representative of the policyholder. Please complete this form in CAPITAL letters in English language. If this form is incomplete and/or illegible this will result in delays in claims assessment and claims payment. Depending on what information is submitted with this claim, further documentation may be requested by the claims department.

Step 1: Complete the form. You may complete it on a computer, or in hand writing.

Step 2: Read the declaration, sign and date this form. Note: it is a criminal offence to lodge false claims or provide false information which results in claims payment

Step 3: Scan the signed form as well as any other relevant and email them to claims@regencyforexpats.com.

Important Note: You must keep all originals of your claims documents as Regency for Expats reserves the right to receive the original paperwork for up to 12 months of claims settlement.

Details of Insured

Group Policy Number:			
Employer / Client Name			
Title	First Name(s)	Last Name	
Address:			
Nationality		Country of Residence	
Passport / ID No.	Date of Birth		dd / mm / yyyy

Details of Death Benefit Payment Recipient

Recipient Name			
Title	First Name(s)	Last Name	
Address:			
Telephone No. (one number required)			
Home Number	Work Number	Mobile Number	
Nationality		Country of Residence	
Passport / ID No.	Date of Birth		dd / mm / yyyy

Recipient's Bank Details

Bank Name

Bank Address

Account Name

Account Number

Sort Code

IBAN Code

BIC (Swift) Code

Important Note: Payment details must match the details of the recipient of death benefit payment.

Proof of identity of Benefit Recipient

To conform to Anti-Money Laundering laws, Regency for Expats must verify the identity of the benefit payment claimant. Please ensure a suitably certified true copy of the following photographic ID documents is attached to this form.

One document of either (please tick the relevant box to confirm which document is attached):

full, current passport; or
national Government issued ID card bearing photograph, or
Other official identification:

Please insert below the name of the document supplied:

Proof of Benefit Recipient's Address

To conform to Anti-Money Laundering laws, Regency for Expats must verify the residential address of the benefit payment claimant. Please attach either an original or suitably certified copy of one of the following (in all cases the document seen must be the most recent version), issued in the exact name of the benefit payment recipient and showing the address appearing on this form: (please tick the relevant box to confirm which document is attached):

Utility, rates or council/housing tax bill (must not be older than three months).

A current driving license.

Account statement from a bank or bank credit card company, a mortgage statement is also acceptable (must not be older than three months).

A letter from a bank, domiciled and regulated in a recognised jurisdiction, with whom the benefit payment recipient has an account, which confirms their current residential address.



Document Certification Instructions

All copy documents must be certified as true copies by a suitable certifier and must be certified with the wording below. A Suitable Certifier is either: A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document).

Information to be included on certified documentation.

Please include the following phrase and information on all certified documents:

For photographic documents

'I certify this to be a true copy of the original document and that the photograph is a true likeness of the holder'.

- Signature of certifier.
- Full name of certifier (in **CAPITAL** letters underneath the certifier's signature).
- Position/Job title.
- Company name, address and telephone number.
- Date.

For non-photographic documents

'I certify that this document is a true copy of the original'.

- Signature of certifier.
- Full name of certifier (in **CAPITAL** letters underneath the certifier's signature).
- Position/Job title.
- Company name, address and telephone number.
- Date.

Declaration by Benefit Recipient

I am aware that all taxation liabilities arising from any benefit payments under this policy are my liabilities and responsibilities and this includes any responsibility I have for reporting to any official government/taxation authority, the receipt of any benefit payment. I am aware that any underpayment of tax is my responsibility. I am aware that receiving disability benefits may affect my entitlement to state incapacity benefits, such as employment and support allowance.

I further declare that I am the next of kin of the insured person mentioned in Section 1 of this form, and that I am authorised and entitled to receive the benefit payment being claimed for under this insurance policy, and further, that I am aware that any misrepresentation, falsehood, lie, cheat or any other illegitimate method of obtaining a pecuniary advantage regarding this insurance policy amounts to criminal fraudulent activity which I am liable for. I therefore hereby declare that all the information given in respect of this claim is true and accurate and I have not withheld any material fact.

Data Protection

I understand that the information that I supply, including health details, will be held and used for the purposes of processing and administering Regency for Expats policies by the insurer, re-insurers, by third parties who provide relevant services to those organisations, and by my relevant financial professional/broker. I understand that the information that I supply may also be used in the prevention of fraud and financial crime, and may be required to be passed to public bodies including the police. I understand that the information that I supply may also be passed to governmental, regulatory or other bodies as required by law.

The information may also be used by Regency for Expats and relevant third party service providers for accounting, statistical or research purposes and may be transmitted and held by any usual physical or electronic means, including the internet. I note that you may record or monitor my telephone calls in order to offer additional security, resolve complaints and for training, administrative and quality purposes. I confirm that I agree to my personal data being collected and used as set out above.

Signature

Date

