Aon UK Limited
Aon Underwriting Managers

Report Form for Fatal Accident Claim

This file is a fillable electronic pdf form. Please complete all questions – if any question is not applicable please state "N/A".

Insured Details

Name of Policyholder

If a subsidiary of the policyholder please provide company name

Policy Number

Full Name of Insured Person

Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Date of Birth d d / m m / y y y y Date of Death d d / m m / y y y y

Insured Person's Full Address

Street

City County

Country Postcode

Email Tel Fax

For security purposes please provide a password which will be required to access your claims information

Employment Details

Relationship to Policyholder Director ◯ Employee ◯ Student ◯ Contractor ◯ Volunteer ◯ Consultant ◯ Other ◯

Other – *Please provide details*

Occupation/Duties

Name and Address of Employer

Name

Street

City County

Country Postcode

If benefit is based on a multiple of salary please state average gross and net salary over previous 12 months from the date of accident or over the previous 36 months from the date of accident, if self employed.

Please provide evidence of annual salary Gross Net

If benefit is based on a fixed amount, please state amount being claimed

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Claimant Details

Claimant Name

Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Date of Birth d d / m m / y y y y

Full address (*if different to the address given on page 1*)

Street

City County

Country Postcode

Email Tel Fax

What is your relationship to Insured Person?

Accident Details

Please give exact date and time of accident Date d d / m m / y y y y Time

A Certified Copy of the full Death Certificate will be required when issued.

Please state full particulars of how the accident occurred

Were there any witnesses? Yes ◯ No ◯

If Yes, please provide names and addresses

Name

Street

City County

Country Postcode

Name

Street

City County

Country Postcode

Name

Street

City County

Country Postcode

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Please give the full name and address of the Insured Person's General Practitioner

Name

Street

City | County

Country | Postcode

Please give the full name and address of HM Coroner who will be conducting the Inquest

Name

Street

City | County

Country | Postcode

Please give the date Inquest held or planned Date d d / m m / y y y y

Data Protection

In order to administer your claim, this information will be used by Chubb European Group Limited and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine Claims Database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Conflicts of Interest

Please note: Aon Underwriting Managers (AUM) is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name | **Signed** | **Date** d d / m m / y y y y

Documents Required

Inquest notes	Enclosed ◯	To follow ◯
Final Death Certificate or interim Death Certificate if applicable	Enclosed ◯	To follow ◯
If circumstances surrounding death are in the public domain, a newspaper clipping is deemed appropriate.	Enclosed ◯	To follow ◯

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Please Ensure

1 You have completed ALL relevant questions on the claim form.

2 You have enclosed all requested information/documentation.

3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

IMPORTANT

Please print and sign this form and return to:

Aon Underwriting Managers | Claims
Grosvenor House
65–71 London Rd
Redhill
Surrey
RH1 1LQ

t +44 (0)1737 783 740 | f +44 (0)1737 783 741

Or scan and email to: **aum.claims@aon.co.uk**

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