

# Proof of death - Statement of Beneficiary

\_\_\_\_\_  
Name of insurance company

Name of deceased			
Your name		Your relationship to deceased	
Your address			
Insured's date of birth mo.      day      year	Insured's height and weight m                      kg	Describe any scars and/or deformities of insured	
What was insured's occupation at time of injury? Describe duties fully		Give name and address of employer, if any	
Amount of average monthly earnings from above occupation			
Time of accident m.	Date of accident mo.      day      year	Was accident sole cause of death?	Date of death mo.      day      year
Describe accident in detail. (Submit certified copy of death certificate)			
If deceased was suffering from any disease at time of accident, or if any disease developed before death, give name and full particulars.			
If death was not immediate, was there continuous total disability from time of injury to death?			
Name and address of attending physicians			
Name and addresses any and all witnesses			
Was there an inquest held or an autopsy performed? (If so, attach to this statement certified copy of the findings)			
What diseases, injuries, surgical operations, impairments, or deformities did the deceased ever have? Give dates, approximate period suffered, and attending physicians' names.	Disease, injury, etc.	Period suffered	Name of physician
Amount of your claim		Policy form and number	
Give dates, amounts and names of companies in which deceased carried other accident, health or life insurance	Name of company	Amount	Date
By furnishing this blank and investigating the claim the company shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.			
_____ _____ (Official capacity of claimant if claim is made in such capacity.)			
Before me this _____ day of _____, 20____ personally appeared			
_____ who acknowledged to me that he/she			
has read and fully understands all of the foregoing questions and answers and made oath that they are full, complete, and true answers to the questions asked.			
_____ (Notary Public)			