



REGENCY  
global assistance

# LIFE INSURANCE CLAIM FORM

This form is to be completed by the beneficiary(ies) listed on the Regency for Expats Life Insurance Application form, or nominated by the policyholder using the Regency for Expats Life Beneficiary Form. 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. Further documentation may be requested by the claims department as part of the claims adjudication process.

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

**Step 2:** Read, review and understand the declaration, then print, sign and date this form.

**Step 3:** Scan the signed form as well as your supporting documents and email them to [claims@regency-ga.com](mailto:claims@regency-ga.com)

**IMPORTANT NOTE:** You must keep originals of all documentation as Regency for Expats reserves the right to require the original records.

## Details of Insured Member

Policy Number

Member Name

Title

First Name(s)

Last Name

Address

**\* Please provide certified proof of address for the Insured Member.**

Nationality

Country of Residence

Passport / ID No.

Date of Birth

dd / mm / yyyy

Date of Death

dd / mm / yyyy

Place of Death

Cause of Death

**\* Please provide certified proof of identity for the Insured Member.**

## Details of Death Benefit Payment Recipient

Recipient Name

Title

First Name(s)

Last Name

Relationship to the Insured

Address

**\* Please provide certified proof of address for the Beneficiary.**

Telephone

(at least one required)

Area Code / Business No.

Area Code / Home No.

Area Code / Mobile No.

Nationality

Country of Residence

Passport / ID No.

Date of Birth

dd / mm / yyyy

**\* Please provide certified proof of identity for the Beneficiary. Where there is more than one beneficiary, please provide their full details as above, including the relevant certified proof of identity and proof of address documentation.**

[claims@regency-ga.com](mailto:claims@regency-ga.com)  
[www.regencyassurance.com](http://www.regencyassurance.com)

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## Beneficiary Payment Details

Bank Name

Bank Address

Account Holder's Name

Account Number

Sort Code

IBAN Code

BIC (Swift) Code

**IMPORTANT NOTE:** Payment details must match the details of the beneficiary(ies). Where there is more than one beneficiary, please provide the payment details above for each individual beneficiary.

## Proof of Identity

To meet Anti-Money Laundering requirements and standards, Regency for Expats must verify the identity of the insured member, and the beneficiary(ies). You must supply certified true copies of the insured member's, your (and any other beneficiaries') photographic ID documents and proof of address.

### Acceptable forms of proof of identity are:

- Full, current passport; or
- National Government issued ID card bearing photograph.

### Acceptable forms of proof of address are:

- Utility, rates or council/housing tax bill. (Must not be older than three months).
- Account statement from a bank or bank credit card company, or mortgage statement. (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. (Must not be older than three months).

## 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, as seen by me, 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.
- Qualification / Regulatory Body ID or membership number.
- Date.

#### For non-photographic documents

*'I certify that this document is a true copy of the original, as seen by me'.*

Signature of certifier.

- Full name of certifier (in CAPITAL letters underneath the certifier's signature).
- Position/Job title.
- Company name, address and telephone number.
- Qualification / Regulatory Body ID or membership number.
- Date.

## Declaration by Beneficiary

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, as is the notification of any authority I may be receiving a benefit from.

I further declare that I am the nominated beneficiary 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 to date in respect of this claim, and any information I may disclose in future, is and shall be true and accurate, and that I have not and shall not withhold any material fact.

I hereby confirm that I have shared the content of this declaration, claim form and the full terms, conditions, exclusions and warranties of the Regency for Expats life insurance policy with any other beneficiary(ies) under this policy, who agree to be bound by this declaration and the policy.

I understand and agree that the provision of proof of identity and proof of address documents, as well as any documentation or information supplied in support of the claim may be used as part of the claim adjudication process; including any necessary disclosure to third parties as may be required.

I understand that Regency for Expats reserves the right to recovery any costs incurred by Regency owing to any unfounded, fraudulent, dishonest or with regard to any claim whereby the ineligibility of the same is known to me.

## 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.

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.

For the avoidance of doubt, I hereby give consent for any information, documentation or any other data relevant to the insured member, myself, and any other beneficiary which is relevant to this claim to be shared with any third party, agency, medical facility or any other relevant entity insofar as it relates to the adjudication of this claim, and/or the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
dd / mm / yyyy