



We aim to a fast and efficient service. In order to achieve this you are required to complete and send the following declaration within 6 days from the date of the event.

DETAILS OF DECEASED/ASSURED

Full Name/Surname:	Policy No.:
Date of Birth:	Medical Card No.:
Home Address:	Phone No.:
Occupation as at date of Death:	

DETAILS OF EVENT

Date of Death:	Time/Place		
Cause of Death: Accident <input type="checkbox"/> Illness <input type="checkbox"/>			
Brief Description:			
Date of first examination and diagnosis for the last illness of the deceased and the name of the attending doctor:			
Date of last examination for the last illness of the deceased and the name of the attending doctor:			
Names and addresses of attending doctors during his illness:			
Name	Date	Specialty	Address

Where and by whom was the death of the deceased certified?
Name and full address of the doctor who certified the assured's death.

Was the assured insured with other insurance companies? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company Name	Type of Insurance	Sum Assured

DETAILS OF BENEFICIARIES	BENEFICIARY 1	BENEFICIARY 2	BENEFICIARY 3	BENEFICIARY 4
Full Name				
Relationship				
Date of Birth				
I.D. No.				
Occupation				
Address				
Phone No.				

DECLARATION

I/We hereby authorise all doctors, hospitals, clinics who have at any time examined the deceased to supply the UNIVERSAL LIFE INSURANCE PUBLIC CO LTD with all required certifications, reports or information.

.....
SIGNATURE OF ADMINISTRATOR/GRANTEE

.....
DATE



UNIVERSAL LIFE

MEDICAL REPORT AS TO DEATH

(To be completed by the doctor who certified the death of the assured)

DETAILS OF DECEASED/ASSURED

Full Name/Surname:	Date of Birth:
Home Address:	

DETAILS OF EVENT

Date of Death:	Place of Death:
Name of Hospital/Clinic:	
Cause of Death (i.e. Type of illness, injuries or complications which have caused the death):	
Previous causes which led to the above cause and date from which they were first diagnosed:	
Other serious conditions which contributed to the death but not relevant to the condition which caused the death and date from which they first symptoms started:	

Date of first examination for the last illness	
Date of the last examination for the last illness	
Duration of the illness which caused the death	

If the death resulted from accident, suicide or manslaughter please give a brief description:

Did a police inquest take place? YES NO

Did an autopsy take place? YES NO

Which was the resolution of the inquest/autopsy?

Did you examine or advise the deceased during the past 5 years prior to the last illness? YES NO

Examination Date	Illness	Treatment

Do you know if the deceased had also been attended by other doctors during the past 5 years or had been hospitalised in any hospital or clinic? YES NO

Date	Hospital / Clinic / Doctor	Illness

DECLARATION

To the best of my knowledge and belief the above statements are true and complete.

Name of Doctor Signature

Specialty..... Date

Address Official Stamp