

PERSONAL INFORMATION OF DECEASED

Name of deceased _____

Policy No.(s) _____

Last address in Canada _____

Date of birth _____ Place of birth _____

Citizenship _____ Passport No. _____

Occupation _____ S.I.N. No. _____

Details of any other insurance coverage _____

TRAVEL INFORMATION

Date deceased left Canada _____

Intended duration of trip _____

Intended itinerary _____

Purpose of trip _____

Airline used when departing Canada _____ Flight No. _____

Airport departed from _____ Airport arrived at _____

Was return flight booked Yes No If yes, give ticket information _____

DETAILS OF DEATH

Foreign address at time of death _____

Exact place of death _____

Exact cause of death _____

A. Accident

Details of accident _____

Names and addresses of witnesses _____

Name police officer & police department involved _____

B. Natural causes

Nature of illness _____ Date illness began _____

In either case

Name of any hospital involved _____

Name(s) and address(es) of attending physicians _____

Name of physician certifying death _____

Any autopsy Yes No

Any post mortem or inquest Yes No

Canadian Embassy or Consulate involved Yes No If yes, give details _____

BURIAL/CREMATION

Was deceased buried or cremated? _____ Where did this occur? _____

What documentation was obtained to permit burial or cremation? _____

Names and addresses of two people not related to the deceased who were present.

What documentation was obtained for transport of deceased to Canada? _____

I declare the above statements are, to the best of my knowledge, true, complete and correctly recorded.

Signed at _____ this _____ day of _____ 20 _____

Signature _____

Name (Please print) _____

Relationship to Insured _____

TO BE COMPLETED AND SIGNED BY A CLOSE FAMILY MEMBER OR ASSOCIATE WHO HAS KNOWLEDGE OF THE CIRCUMSTANCES SURROUNDING THE DEATH.