POINT COMFORT TRAVEL

Accidental Death/Repatriation Of Remains Questionnaire

Notice to Insured Persons: This insurance requires submission of valid Proof of Claim within a limited time frame as indicated in the Certificate. This document is an essential part of Proof of Claim. Failure to submit an accurate, legible, completed and signed Accidental Death/Repatriation of Remains Questionnaire, together with all required attachments, within the specified time frame will result in processing delays and may result in denial of coverage for failure to submit Proof of Claim

PART A: Insured Person Information

Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: ☐ Male ☐ Female
ID Number: (found on ID card)	Passport/Visa Number:	
When did accident occur? Date: (mm/dd/yyyy)	Time:	
Location of Accident: (Street, City, State/Province, ZIP/Postal Code, Country)		

PART B: Documents Required

- ☐ General Accident Questionnaire
- ☐ Police report
- ☐ Autopsy, coroner, medical and/or toxicology report
- ☐ Legal representative documentation (i.e. power of attorney, will, etc.)
- ☐ Death Certificate
- ☐ Newspaper report, obituary

PART C: Claimant Information

Claimant's Full Name:	Date of Birth: (mm/dd/yyyy)	Gender: ☐ Male ☐ Female
Relationship to the Insured:		
Claimant Address: (Street, City, State/Province, ZIP/Postal Code, Country)		
Email Address:	Telephone Number:	

PART D: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

Printed Name of Claimant:	**Date: (mm/dd/yyyy)**
Signature of Claimant:	

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.