

Proof of Loss under Accident Coverage

Death Claim

For prompt processing of your claim, please:

1. Answer all questions on this claim form and have it signed by claimant.
2. Provide a copy of the completed physician's proof of death statement and certificate of death.
3. Return the completed claims forms to the address on page 2.

Part 1 – Credit Union/Caisse Populaire

Credit union	
Address (include street address, city, province and postal code)	
Contact person	Title
Telephone number	Email

Part 2 – Claimant Information

1. What coverage are you claiming under?

Group Accident Crime Accident Account Holder Accident

Name of claimant

Address (include street address, city, province and postal code)

2. Relationship to deceased: Spouse Executor/Executrix Other:

Part 3 – Deceased Details

Name	
Date of birth (mm/dd/yyyy)	Age as at date of death
Occupation	

Proof of Loss under Accident Coverage is underwritten by CUMIS General Insurance Company.

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Part 4 – Accident Details	
Date of accident (mm/dd/yyyy)	Time of accident <input type="checkbox"/> am <input type="checkbox"/> pm
Describe in detail where and how the accident occurred:	

Part 5 – Information about the Death	
Date of death (mm/dd/yyyy)	Place of death (if hospital or institution, give name)
Cause of death	
What diseases, illnesses, or injuries did the deceased have during the last three years?	
Was the deceased afflicted with any disease or infirmity at the time of the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", give details and name of physician:	
<div style="border: 1px solid black; height: 50px;"></div>	

Part 6 – Signatures	
Signature of claimant	Date (mm/dd/yyyy)
Signature of witness	Date (mm/dd/yyyy)

PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED

