

REPORTING A DEATH

You can print out and fill in the following form. As soon as we have received notification of death, we will contact the contact person specified therein for the further steps.

DOCUMENTS

We require the following documents in order to clarify the entitlements under the insurance:

Surviving spouse

- Copy of the official death certificate
- Completed and signed payment authorisation form
- Copy of a valid, official ID (incl. signature)

Other beneficiaries

- Copy of the official death certificate
- Copy of a valid, official ID (incl. signature)

NOTE

Depending on the circumstances or causes of death, additional documents may be required to verify the entitlements under the insurance. We will contact you if this becomes necessary.

Please send the signed form together with the enclosures by email or by post to Generali's head office in Adliswil.

ADDRESS:

Generali Personal Insurance Ltd.
Department LP-NBC-C
Soodmattenstrasse 2
8134 Adliswil 1

Phone: +41 58 472 39 50
life_claims.ch@generali.com

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DETAILS OF THE DECEASED PERSON

Policy no.:

First name:

Surname:

Date of birth:

Date of death:

Marital status: single married widowed divorced

Cause of death: illness unknown suicide
 accident/location of accident: Date:

Exact cause of death, if known:

Name and address of the doctor:

who determined the death

General practitioner

Attending doctor

CONTACT ADDRESS FOR PROCESSING THE CLAIM

First name

Surname

Full address

Telephone no. (daytime)

Email

Please state your relationship to the deceased person:

spouse life partner son/daughter father/mother brother/sister

other:

Preferred language for written communication:

German French Italian English

Enclosures:

PAYMENT INSTRUCTIONS

Policy number(s)

Insured person

Date

THE PAYMENT OF THE FULL AMOUNT OF INSURANCE BENEFITS SHOULD BE MADE TO THE FOLLOWING ACCOUNT:

Bank Post office

Address/branch

IBAN

Name of the account holder

Address of account holder

AHV number

For payments abroad:

BIC/SWIFT code

Please note that it is not possible to make payments to persons other than the beneficiary(s).

Exception: accounts for which the beneficiary is one of two account holders.

In all cases, please complete the following fields for the account holder(s):

First name, surname, date of birth, country of birth and all nationalities of the account holder

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If the payment does not go to an account held **exclusively** in your name as the beneficiary, please inform us of the following:

What is your relationship to the account holder (e.g., spouse, parent, etc.)

Please enclose a copy of the ID (including signature) for this person.

Place and date

Signature(s)

If more than one heir/beneficiary has a claim to the insurance benefits, either written powers of attorney must be submitted or this form must be signed by all beneficiaries/heirs to enable payment to be made as directed. We also require the following information from all heirs/beneficiaries: First name, surname, Date of birth, country of birth.