Right Option
Global Insurance Brokers

LIFE ASSURANCE CLAIMS FORM

I/We, _____ ('the Insured/Beneficiary'), of _____ ('Address') hereby declare that all information provided by me/us pertaining to the claim below has been wholly and honestly supplied to RIGHT OPTION GLOBAL Insurance Brokers.

I/We undertake that all documents provided supporting this claim are authentic and complete.

Full Name of Life Assured _____Policy No_____

Type of Claim *Please tick as appropriate*

Natural Death ☐

Accidental Death ☐

Permanent Disability ☐

Critical Illness ☐

Funeral Expense ☐

Date of Incident _____ Time _____

I certify that the information in this form is true and correct to the best of my knowledge and belief and I have not withheld any material information. I also authorize any person or organization who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by ***RIGHT OPTION GLOBAL Insurance Brokers*** for the purpose of claims administration.

Signature of Insured/Beneficiary _____ Date _____

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED (The Company does not admit liability by the issue of this form)