

HSBC Life Claim Form

Please follow these instructions to complete this form.

1. Complete Sections A to C as fully as possible (if you are unable to answer some of the questions, please continue to submit the form)
2. Send the completed form and requested documents to:
HSBC Life (UK) Ltd, PO Box 1053, St Albans, Hertfordshire, AL1 9QG
or email: support@lifeProtectionplan.hsbc.co.uk

If you require any assistance, please contact 0333 207 5563

Lines are open 9am – 5.30pm Monday to Friday (excluding public holidays)

To help us to continually improve our service and, in the interests of security, we may monitor and/or record your or your client's communication with us.

Section A – Policy holder details

Policy holder's name

Policy number (if known)

Policy holder's date of birth

(DDMMYYYY)

Policy holder's date of death

(DDMMYYYY)

Section B – Your details

Your full name

Relationship to deceased

Your address

Your contact telephone number(s)

Your e-mail address

Your ID

Please provide a copy of your driving licence, or any other photo ID

Section C – Claim details

Is there a death certificate?

☐ Yes **If yes, please provide a copy**

☐ No

Cause of death

Place of death

Date of funeral

--	--	--	--	--	--	--	--

(DDMMYYYY)

Will there be an Inquest?

☐ Yes

☐ No

If yes, please provide details of the Coroner Officer dealing with the case:

Is there an ongoing police investigation?

☐ Yes

☐ No

If yes, please provide contact details for the investigating officer

Is there a Will?

☐ Yes **If yes, please provide a copy**

☐ No

Name(s) of Executors/Personal Representatives dealing with the estate:

Will the executors/personal representatives be obtaining Probate?

☐ Yes

☐ No

Please provide a brief summary of the events leading up to death:

Please provide details of the deceased's medical history, including any health conditions, any regular medication taken, date(s) of diagnosis (if known):

Had the deceased ever smoked, including cigarettes, cigars, e-cigarettes or vapes?

☐ Yes ☐ No

If yes, please provide details, including dates smoked and amounts:

Had the deceased ever received advice to reduce their alcohol consumption or been known to consume over 30 units of alcohol per week?

☐ Yes ☐ No

If yes, please provide details.

Has any blood relative of the deceased ever suffered from the same, a similar or related illness?

☐ Yes ☐ No

If yes, please provide details, including relationship to the deceased and age at diagnosis.

Is the deceased insured with any other company?

☐ Yes ☐ No

If yes, please provide the insurance company name and details of the cover held, including sum insured.

GP details (registered with at the time of death)

Name	<div></div>
Address	<div></div>
Telephone number	<div></div>
Email address	<div></div>

Please send the completed form, along with the following documents, to either HSBC Life (UK) Ltd, PO Box 1053, St Albans, Hertfordshire, AL1 9QG or e-mail support@lifeprotectionplan.hsbc.co.uk:

- ◆ Death Certificate
- ◆ Will
- ◆ Driving licence, or any other photo ID for claimant

Upon receipt of this claim form, we will issue a Consent form using Adobe Sign to the next of kin. Please confirm the next of kins

E-mail address	<div></div>
Mobile telephone number	<div></div>