

**AUTOMOBILE ACCIDENT BENEFITS PROOF OF CLAIM FORM (Death Only)**

(For use in provinces except Alberta, Ontario, and Nova Scotia; In Quebec, used with Q.E.F. 34 &amp; 4-34)

*This claim form to be completed by the Claimant and the Attending Physician and should be returned to the Insurance Company, with the following documents as indicated.*BIRTH CERTIFICATE ☐MARRIAGE CERTIFICATE ☐**THIS SIDE TO BE COMPLETED BY THE CLAIMANT ONLY.**

CLAIM NO. ....

I, ....., residing at .....  
 telephone ..... do hereby make claim under Policy No. ....  
 ..... issued  
 by ..... to .....  
 based on the following.

**DECEASED PERSON**

Name ..... Address .....  
 Marital Status ..... Sex ..... Date of Birth .....  
 Occupation ..... Employer's  
 Name .....  
 Employer's Address ..... Telephone .....  
 Was the deceased in the course of his/her employment when the accident occurred? .....  
 Was the deceased covered by any Workers' Compensation Act? .....

**CLAIMANT AND BENEFICIARIES**

What is your relationship to the  
 deceased? .....

Were you principally dependent on the deceased? .....

List dependent children for whose support the deceased was legally liable

Name	Date of Birth	Address	Relationship to Deceased
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Name and address of the Executor or Administrator of the deceased's Estate? .....

Name and address of the Lawyer representing the deceased's Estate? .....

**CAR INVOLVED**

Make ..... Year ..... Type of Body ..... Licence No. ....  
 Owner's Name ..... Owner's address .....  
 Driver's Name ..... Age ..... Driver's address .....  
 Is this car insured by any other automobile policy? .....  
 If so, state Insurer's Name and Policy Number. ....

**ACCIDENT DETAILS:**

Date ..... Time ..... Location .....  
 Was the deceased in the car described above? .....  
 Was the deceased a pedestrian when struck by the car described above? .....  
 What date did the death occur? .....

Was the death caused **directly** by the accident? .....

Date .....

Claimant's Signature .....