

POLICY N°(S)
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**PERSONAL INFORMATION OF DECEASED**

NAME OF DECEASED		DATE OF BIRTH <i>DD / MM / YYYY</i>	PLACE OF BIRTH
LAST ADDRESS IN CANADA			
CITIZENSHIP	PASSPORT N°	OCCUPATION	SOCIAL INSURANCE NUMBER
DETAILS OF ANY OTHER INSURANCE COVERAGE			

**TRAVEL INFORMATION**

DATE DECEASED LEFT CANADA <i>DD / MM / YYYY</i>		INTENDED DURATION OF TRIP	
INTENDED ITINERARY			
PURPOSE OF TRIP			
AIRLINE USED WHEN DEPARTING CANADA	FLIGHT N°	AIRPORT DEPARTED FROM	AIRPORT ARRIVED AT
WAS RETURN FLIGHT BOOKED? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, give ticket information :</i>			

**DETAILS OF DEATH**

FOREIGN ADDRESS AT TIME OF DEATH		
EXACT PLACE OF DEATH	DATE OF DEATH <i>DD / MM / YYYY</i>	TIME OF DEATH
EXACT CAUSE OF DEATH		

<b>Complete one of the two following sections:</b>	<b>A - ACCIDENT</b>	
	DETAILS OF ACCIDENT	
	NAME(S) AND ADDRESS(ES) OF WITNESS(ES)	
	NAME OF POLICE OFFICER AND POLICE DEPARTMENT INVOLVED	
	<b>B – NATURAL CAUSES</b>	
NATURE OF ILLNESS	DATE ILLNESS BEGAN <i>DD / MM / YYYY</i>	

**COMPLETE FOR EITHER CAUSE (Accident or Natural Causes)**

NAME OF ANY HOSPITAL INVOLVED		NAME(S) OF ATTENDING PHYSICIAN(S)
NAME OF PHYSICIAN CERTIFYING DEATH	ANY AUTOPSY	ANY POST MORTEM OR INQUEST
CANADIAN EMBASSY OR CONSULATE INVOLVED? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, give details:</i>		

DETAILS OF DEATH (continued)

BURIAL/CREMATION

WAS DECEASED BURIED OR CREMATED?

No     Yes    *If yes, where did this occur:*

WHAT DOCUMENTATION WAS OBTAINED TO PERMIT BURIAL OR CREMATION?

NAMES AND ADDRESSES OF TWO PEOPLE NOT RELATED TO THE DECEASED WHO WERE PRESENT :

PERSONAL INFORMATION OF CLAIMANT

NAME OF CLAIMANT

SOCIAL INSURANCE NUMBER

RELATIONSHIP TO DECEASED

DATE OF BIRTH

DD / MM / YYYY

ADDRESS

**I hereby declare that the foregoing information is true to the best of my knowledge and belief.**

SIGNATURE OF CLAIMANT

DATE OF SIGNATURE

**X**

DD / MM / YYYY