

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900006

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

LIFE INSURANCE CLAIM

Claim Date: January 08, 2025

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900006	January 22, 2025 at 04:00 PM	AGENT00402
Vendor ID	Policy Effective Date	
VNDR00556	May 05, 2018	

■ POLICYHOLDER COMPLETE INFORMATION

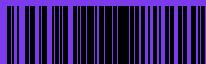
Policy Number	Customer ID	Insurance Type		
PLC99900006	A99900006	Life		
Customer Name				
Patricia Martinez				
Address Line 1	Address Line 2			
753 Willow Dr	N/A			
City	State	Postal Code		
Dallas	TX	75201		
SSN	Age	Marital	Tenure	Education
888-99-0000	55	F	18 months	Bachelor
Employed	Family Members	House Type	Social Class	
Employed	3	Own	Middle	

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
January 08, 2025	January 10, 2025	10:00
Incident City	Incident State	Severity
Dallas	TX	Major

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Authority Contacted	Any Injury	Police Report
N/A	No	Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$100.00	\$25,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
444555666	*****8999	Low

Financial Summary:

- Total Claim Amount: \$25,000.00
- Monthly Premium: \$100.00
- Risk Category: Low
- Status: Pending

■ LIFE INSURANCE CLAIM DETAILS

Date of Death	Cause of Death
January 08, 2025	Accident

Beneficiary Name	Relationship	Payout Method
Carlos Martinez	Child	Lump Sum

Required Documents for Life Insurance Claim:

- Original Death Certificate
- Medical Certificate stating cause of death
- Beneficiary ID Proof (Government issued)
- Original Policy Document
- Bank Account Details for payout
- Claimant's Statement Form
- Attending Physician's Statement
- Hospital Records (if applicable)

■ DECLARATION & AUTHORIZATION

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DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

Policyholder Signature

Date

Witness Signature

Date