

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900005

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

## LIFE INSURANCE CLAIM

Claim Date: January 01, 2025

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900005	January 22, 2025 at 12:00 PM	AGENT00402

Vendor ID	Policy Effective Date
VNDR00556	January 01, 2015

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC99900005	A99900005	Life

#### Customer Name

James Highvalue

Address Line 1	Address Line 2
159 Spruce Way	N/A

City	State	Postal Code
Austin	TX	73301

SSN	Age	Marital	Tenure	Education
777-88-9999	60	M	20 months	Master

Employed	Family Members	House Type	Social Class
Retired	2	Own	Upper

### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
January 01, 2025	January 05, 2025	8:00

Incident City	Incident State	Severity
Austin	TX	Critical

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Authority Contacted	Any Injury	Police Report
Hospital	No	Yes

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$200.00	\$150,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
333222111	*****5444	Low

#### Financial Summary:

- Total Claim Amount: \$150,000.00
- Monthly Premium: \$200.00
- Risk Category: Low
- Status: Pending

### ■ LIFE INSURANCE CLAIM DETAILS

Date of Death	Cause of Death
January 01, 2025	Natural Causes

Beneficiary Name	Relationship	Payout Method
Mary Anderson	Spouse	Bank Transfer

#### 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