

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000006

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

LIFE INSURANCE CLAIM

Claim Date: May 20, 2020

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN000000006	June 01, 2020 at 12:00 AM	AGENT00402
Vendor ID	Policy Effective Date	
N/A	December 28, 2012	

POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC00007244	A00003571	Life		
Customer Name				
Terrance Han				
Address Line 1	Address Line 2			
5275 North 59th Avenue	N/A			
City	State	Postal Code		
Glendale	AZ	85301		
SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-4065	42	No	38 months	College
Employed	Family Members	House Type	Social Class	
Yes	2	Rent	MI	

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 20, 2020	May 25, 2020	0:00
Incident City	Incident State	Severity
Glendale	AZ	Major Loss

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Authority Contacted

Ambulance

Any Injury

No

Police Report

Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$87.02

Claim Amount

\$63,000.00

Claim Status

A

Routing Number

124246313

Account (Masked)

.....3687

Risk Segment

M

Financial Summary:

- Total Claim Amount: \$63,000.00
- Monthly Premium: \$87.02
- Risk Category: M
- Status: A

■ LIFE INSURANCE CLAIM DETAILS

Date of Death

May 20, 2020

Cause of Death

Natural Causes

Beneficiary Name

Jane Smith

Relationship

Child

Payout Method

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