

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500005

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

LIFE INSURANCE CLAIM

Claim Date: December 01, 2025

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500005	December 08, 2025 at 02:20 PM	AGENT00402

Vendor ID	Policy Effective Date
VNDR00556	February 14, 2020

■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC55500005	A55500005	Life

Customer Name

Margaret Thompson

Address Line 1	Address Line 2
842 Riverside Terrace	N/A

City	State	Postal Code
Portland	OR	97239

SSN	Age	Marital	Tenure	Education
478-90-1234	68	M	65 months	Masters

Employed	Family Members	House Type	Social Class
Yes	2	Own	HI

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
December 01, 2025	December 02, 2025	8:00

Incident City	Incident State	Severity
Portland	OR	Critical

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Authority Contacted	Any Injury	Police Report
Hospital	No	Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$245.00	\$185,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
567890123	*****8901	L

Financial Summary:

- Total Claim Amount: \$185,000.00
- Monthly Premium: \$245.00
- Risk Category: L
- Status: Pending

■ LIFE INSURANCE CLAIM DETAILS

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

Beneficiary Name	Relationship	Payout Method
Thomas Thompson	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