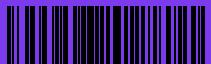


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TXN00000006

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
TXN00000006	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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LIFE INSURANCE CLAIM

Claim Date: May 20, 2020

Authority Contacted	Any Injury	Police Report
Ambulance	No	Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$87.02	\$63,000.00	A

Routing Number	Account (Masked)	Risk Segment
124246313	*****3687	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	Cause of Death
May 20, 2020	Natural Causes

Beneficiary Name	Relationship	Payout Method
Jane Smith	Child	Bank Transfer

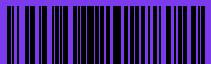
Required Documents for Life Insurance Claim:

- 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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LIFE INSURANCE CLAIM

Claim Date: May 20, 2020

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