

# 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

Hospital

Any Injury

No

Police Report

Yes

### ■ FINANCIAL & RISK INFORMATION

Premium Amount

\$200.00

Claim Amount

\$150,000.00

Claim Status

Pending

Routing Number

333222111

Account (Masked)

•••••5444

Risk Segment

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

January 01, 2025

Cause of Death

Natural Causes

Beneficiary Name

Mary Anderson

Relationship

Spouse

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