

# IVALIFE INSURANCE LIMITED

## LIFE INSURANCE

### CLAIMS NOTIFICATION FORM

Policy No:

Name Of The Insured:

Date Of Birth:

Id Card Of The Insured:

Person To Contact For More Information:

Telephone/Mobile No.:

Contact Person Email Address:

Have you contacted a Notary to take care of the estate?

Telephone/Mobile No.:

Notary Email Address:

### POLICY DETAILS

Policy Type:

Date Of Loss:

Cause Of Loss (If Known):

IVALIFE Insurance Limited will contact you to confirm:

- Receipt of claim notification
- Additional information/documentation required



**A:** Gaba Building, Level 2, Naxxar Road, Iklin, IKL9026 **T:** 2226 9500 **E:** info@iva.life **W:** www.iva.life

IVALIFE Insurance Limited ("the Company") is authorised and regulated by the Malta Financial Services Authority to carry on long term insurance business under the Insurance Business Act (Chapter. 403 of the Laws of Malta).

FRM-UWR-CLM-V1-1022

**Note:**

This is an electronic notification and is designed to speed up your claims process. Please note that depending on the nature of the claim, IVALIFE may request additional information in order to proceed with this claim.

**Documentation Required**

In the case of the unfortunate demise of the life assured our Claims Team will decide whether to ask and/or seek information on the medical profile of the deceased and other evidence related to the assessment of the claim. Besides, we would require:

- the original death certificate and
- legal documents such as Notary details and
- copies of the will.

IVALIFE Insurance Limited offices will be are open from 9am to 5pm, Monday to Friday, except on public holidays.

You can send the attached Claim form, together with the supporting documents, by email or send them directly to:

IVALIFE Insurance Limited  
GABA Buildings, Level 2  
Naxxar Road  
IKLIN IKL 9026  
Malta

Email: [info@iva.life](mailto:info@iva.life)

Tel: 22269500/02/07