
Fatal Accident Claim Form

Thank you for notifying us of your claim

Please complete all questions – if any question is not applicable please state 'N/A'

Please send the completed form together with all relevant correspondence to:

U M Association Ltd, 5 St Helen's Place, London EC3A 6AB

Telephone: 020 7847 8670 Fax: 020 7847 8689 Email: claims@umal.co.uk

Name of Institution (University, College etc)

Certificate no.

Date on which travel commenced

Full name of Deceased (Mr, Mrs, Miss, Ms)

Date of Birth

Full address including postcode

Employment Details

Occupation/Duties

Name and address of employer

Please state average annual gross and net salary for 12 months prior to date of accident (please ensure you enclose a copy of the most recent payslip) or over the previous 36 months from the date of accident if self employed (please provide evidence of income by means of Inland Revenue Tax Assessment Forms).

Gross

Net

Please ensure you sign the declaration on the last page of this claim form

Claimant Details

Claimant name (Mr, Mrs, Miss, Ms)

Date of Birth

Full address including postcode

Telephone no. (Business)

Telephone no. (Home)

Email

What is your relationship to the deceased?

Accident Details

Please give exact date and time of accident:

Date

Time

am

pm

A certified copy of the full Death Certificate will be required when issued.

Please state full particulars of how the accident occurred

Were there any witnesses? If 'YES', please provide names and addresses

YES

NO

Witness 1

Witness 2

Witness 3

Witness 4

Witness 5

Please give full name and address of the covered person's general practitioner

Please give the full name and address of HM Coroner who will be conducting the inquest

Please give the date inquest held or planned

Bank Details

When the claim has been approved you may, at our discretion, have the payment credited direct to your bank account. This payment method is both speedier and safer than by cheque. If you would like to take advantage of this arrangement, please complete the following:

Name and address of your bank:

Bank

Branch Sort Code

 - -

Address (including postcode)

Account Number

Account Name(s)

We have updated our [Privacy Policy](#), to ensure that we continue to handle your data fairly and lawfully, in accordance with the General Data Protection Regulation that came into force on 25 May 2018.

You can review the updated Privacy Policy [here](#).

The Privacy Policy includes information and guidance, such as:

- How we collect, use and store your personal data;
- Your rights in connection with our collection, use and storage of your personal information;
- The circumstances under which we may be obliged to share your personal data with third parties.

By signing this form, you are consenting to the terms of our Privacy Policy.

If you have any questions about our Privacy Policy, you can contact the Data Protection Officer on 020-7847 8670, or by email to DPO@umal.co.uk, or by writing to the Data Protection Officer at 5 St Helen's Place, London EC3A 6AB.

Declaration

Please remember to print this form and sign in the space below before sending the completed form – either in hard copy or as a scanned PDF to the contact details shown at the top of page 1

Name	Signature
Position	
Date	

Please ensure:

- You have completed ALL relevant questions on this claim form.
- You have enclosed ALL requested information/documentation.
- You have signed this claim form.

As failure to do so will result in delay in handling your claim.

Thank you for fully completing this form.