



# RETURN OF PREMIUM CLAIM FORM

## INSURED INFORMATION

Name of Insured \_\_\_\_\_ Policy number: \_\_\_\_\_

\_\_\_\_\_  
First name Middle name Surname Second surname

Identification No.: \_\_\_\_\_ Date of Birth: dd / mm / aa

Address of the Insured: \_\_\_\_\_

\_\_\_\_\_  
City State Country Postal Code

Occupation: \_\_\_\_\_

## BANKING INFORMATION OF THE INSURED

Name of Account Holder: \_\_\_\_\_

Name of the bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

Bank Telephone No.: \_\_\_\_\_

SWIFT/ABA: \_\_\_\_\_ Account number: \_\_\_\_\_

Account Type (Savings/Checking): \_\_\_\_\_

### Please include the following documents:

1. Copy of your Government Issued ID or Passport:  ID  Passport