

PROOF OF DEATH

INSTRUCTIONS

- Attach to this form a copy of the death certificate.
- Answer every question completely and accurately. The Insurance Company reserves the right to request or to obtain new information concerning the death.
- The proof of death form must be filled by the insurance policy's Beneficiary (ies) If there are more than one Beneficiary, it is not necessary to fill more than one form.
- In case the Beneficiary is under 18, the form should be filled-in by the Beneficiary's legal guardian.

Policy number: _____ Inception date: _____

1. Full name of the Policy Holder: _____

2. Full name of the Deceased: _____

3. Full name of the Beneficiary: _____ Relationship to insured: _____

4. Deceased's address: _____
(city) (number, street) (county)

5. What was the cause of death?

a) If accident, where and how did the accident occur: Day: _____ month: _____ year: _____
Place: _____

Date of death: Hour: _____ Day: _____ Month: _____ Year : _____

Full names of witnesses (if necessary): _____

b) If sickness, when did symptoms of cause of death first appear? _____

Give names and addresses of all doctors who attended deceased during last illness.

6. Deceased's date of birth: _____ Deceased's place of birth: _____

7. Constatatory doctor's name and address: _____

9. Was an autopsy performed? • Yes • No

TO BE FILLED-IN BY THE DECEASED PERSON'S EMPLOYER:

A. Labour contract number: _____ starting on: _____

B. Last position in the company: _____

Signature: _____

Date: _____

I hereby authorise any hospital, physician, or other person who has attended me to furnish any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, or treatment, and copies of all hospital and medical records. I agree that a photostatic copy of this authorisation shall be considered as effective and valid as the original.

Form of consent

By providing your Personal Information to Colonnade Insurance SA in connection with your claim, you consent to the collection and processing (including the use and disclosure) of your Personal Information as described in this Privacy Policy available at <https://www.colonnade.ro/en/> or upon request at dpo@colonnade.ro. In particular, you consent to the transfer of your Personal Information internationally. You agree that you will not provide Personal Information about any other individual without that person's permission. Alternative: To the extent that you have provided (or will provide) Personal Information to Colonnade Insurance SA about any other individual, you certify that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to Colonnade Insurance SA as detailed in the Privacy Policy.

Signature: _____

Name: _____

Date: _____