FOREIGN DEATH QUESTIONNAIRE

Please print clearly and fully answer all questions. Incomplete answers may delay the assessment of the claim. Additional information can be provided on a separate sheet.

Reset Form

Name of deceased (in full)	Date of birth (dd/mmm/yy)
Address	Policy number(s)

1. Death Related Details

Cause of death	Date of death (dd/mmm/yy)
Location of death (City, Country)	
Was the Canadian Embassy or Consulate involved? ◯ yes ◯ no - if yes, provide details, including name of contact and any telephone or Fax numbers (if available):	

2. Travel Related Details - Provide original ticket and original identification document(s) used for travel (e.g. cancelled passport).

Date ticket purchased (dd/mmm/yy)	Date the deceased left Canada (dd/mmm/yy)	Intended length of trip
Reason for the trip		
Name of travel agency where ticket was purchased	Name of Airline/Boatline	
Deceased stayed at: ◯ Hotel ◯ Private home ◯ Other _____	Name of hotel/home owner Address of hotel/home owner	
Name of the person(s) who accompanied the deceased		Telephone number
Address of the person(s) who accompanied the deceased		

If death is due to natural causes complete section 3. If death is due to an accident, proceed to section 4.

3. Illness Related Details - Provide a copy of all medical bills pertaining to treatment.

What were the deceased's symptoms and when did they first occur?	
Date the deceased contacted a doctor (dd/mmm/yy)	Name of doctor
Address of doctor	Specialty
Date illness was diagnosed (dd/mmm/yy)	Diagnosis
Treatment prescribed	
Was deceased hospitalized? ◯ yes ◯ no If yes, provide the following:	
Name and address of hospital	Date of hospitalization (dd/mmm/yy)
Name of treating doctor	
Name of person(s) who paid the hospital bills	Relationship to deceased

Empire Life

4. Accident Related Details - Provide a copy of the accident report and any medical bills pertaining to treatment.

Where did the accident occur?	Date (dd/mmm/yy)	Time
Were there any witnesses? ◯ yes ◯ no – If yes, provide name and contact information:		
Accident was the result of: ◯ Motor vehicle collision ◯ Mechanical defect ◯ Other _____ (indicate cause)	Was the deceased a passenger or driver of any motor vehicle involved? ◯ yes ◯ no	
Name of local authorities contacted at the time of the accident	Was an investigation conducted? ◯ yes ◯ no	
Name of investigating official		
Were any charges laid? ◯ yes ◯ no – If yes, provide the following:		
Charges	Name of individual(s) charged	
Was deceased hospitalized as a result of the accident? ◯ yes ◯ no – If yes, provide the following:		
Name and address of hospital	Date of hospitilization (dd/mmm/yy)	
Name of treating doctor		
Did anyone accompany the deceased to the hospital? ◯ yes ◯ no – If yes, provide details:		
Name of person(s) who paid the hospital bills	Relationship to deceased	

5.

Was an autopsy or inquest conducted? ◯ yes ◯ no – **If yes, provide a copy of the autopsy report or inquest findings.**		
Was the deceased buried or cremated overseas? ◯ yes ◯ no – **If yes, provide a copy of all receipts/invoices.**		
Name of family representative who authorized the release of the body for the cremation/burial		
Location of cremation/burial ceremony	Date of ceremony (dd/mmm/yy)	
Witnesses to the ceremony - 2 witnesses (other than family members) are required.		
Name of witness 1	Address and phone number	
Does the witness read and understand English? ◯ yes ◯ no – If no, specify language of choice:		
Name of witness 2	Address and phone number	
Does the witness read and understand English? ◯ yes ◯ no – If no, specify language of choice:		

6.

Name of deceased's regular family physician	Address	
Reason for last visit	Date of last visit (dd/mmm/yy)	
Was treatment given or medication prescribed? ◯ yes ◯ no – If yes, provide details:		
Was the deceased on any medications during the trip outside Canada? ◯ yes ◯ no – If yes, provide details:		

I declare that the above answers are complete and true, to the best of my belief and understanding.

Signature of Claimant X	Claimant's name (please print)
Signed at (City and Province)	Date (dd/mmm/yy)

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