



## Foreign Death Questionnaire

*(Failure to completely answer these questions may delay the claim. Please provide additional supporting documentation where required)*

Deceased Insured \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

**1** What is the date of death of the deceased? DD / MM / YYYY

**2** What is the name of the country and city or town where death occurred?

\_\_\_\_\_

**3** What was the reason for the trip?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4** Name and address of person(s) who accompanied the deceased insured:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5** At what address did the deceased insured stay?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6** With whom did the deceased insured stay?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7** On what date did the deceased insured leave Canada? DD / MM / YYYY

**8** What was the deceased insured's itinerary?

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\_\_\_\_\_

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**9** How long did the deceased insured intend to stay?

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If death was the result of an **Illness**, please complete **Questions 10 to 15**.

If death was the result of an **Accident**, please proceed directly to **Question 16**.

Illness:

**10** What were the deceased insured's symptoms and when did they first occur?

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**11** On what date did the deceased insured first consult a doctor overseas? DD / MM / YYYY

**12** On what date was the illness diagnosed? DD / MM / YYYY

**13** What was the diagnosis and treatment prescribed?

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**14** Provide the name and address of the treating physician:

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**15** What is this physician's specialty?

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For **Illness**, please proceed to **Question 24**.

Accident:

**16** Please provide details of the accident (date, time, place): DD / MM / YYYY

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**17** Were there any witnesses to the accident?  Yes  No

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**18** If death was instantaneous, who identified the deceased insured?

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**19** Was the accident reported to the local authorities?  Yes  No

**20** Which authorities were advised?

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**21** Was there an investigation conducted?  Yes  No

**22** What was the name of the investigating official? Please submit a copy of the accident report or police report.

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**23** If hospitalized, who accompanied and admitted the deceased insured?

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For **Illness** and **Injury**, please complete **ALL** remaining questions.

**24.** Provide the name and address of the hospital.

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**25.** On what date was the deceased insured hospitalized? DD / MM / YYYY

**26.** Name of person who paid the hospital bills and/or doctors' bills, and their relationship to the deceased insured? Please provide copies of any medical bills pertaining to treatment.

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**27** Was an autopsy or inquest conducted?  Yes  No Provide a copy of the Autopsy Report.

**28** Name of person who authorized the release of the body?

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**29** Please select the method of disposal of the body:  Burial  Cremation

**30** Please provide name of establishment and date when this took place. DD / MM / YYYY

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**31** Name of person who carried out these duties, and where did this take place?

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**Foreign Death Questionnaire**

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**32** Who attended the ceremony?

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**33** Provide names and addresses of two witnesses (not family members) who were present at the ceremony.

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**34** Provide the **original airline ticket** used for travel, and the **original** documents used by deceased insured to enter that country (passport, visa and other). Originals will be returned to you.

**35** Name and address of the deceased insured's regular treating physician in Canada?

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**These answers given above are true and complete to the best of my belief and understanding.**

Date: DD / MM / YYYY

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Name of Claimant (please print)



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