

CLAIMS STATEMENT

Policy Number	<input type="text"/>
Policy-holder	<input type="text"/>
Insured Person	<input type="text"/>
Statement made by	<input type="text"/>
In the quality of / Degree of relatedness	<input type="text"/>
Address	<input type="text"/>
Telephone / Mobile Number	<input type="text"/>
E-mail address	<input type="text"/>
Signature	<input type="text"/>
Identity Card Number of the person stating the claim	<input type="text"/>

Claim

Type of Claim

Death (risk / mixed)	<input type="checkbox"/>	Death (Savings / Investment)	<input type="checkbox"/>
Invalidity	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>

Cause / Origin of the Claim

Natural Death	<input type="checkbox"/>	Accident	<input type="checkbox"/>
Illness	<input type="checkbox"/>	Suicide	<input type="checkbox"/>

Details regarding the Claim

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description	<input type="text"/>		
Place of assistance	<input type="text"/>		
Assistant Physician	<input type="text"/>		

In case of insufficient information, we request that additional information be supplied.

Documents that must imperatively be supplied

Death Risk / Mixed

- Identity Card and Fiscal Identification Card of the Insured Person (Photocopy)
- Death Certification of the Insured Person (Certified Copy)
- Death Certificate of the Insured Person (Certified Copy)
- Report of the Family Doctor or of the Assistant Physician indicating the full clinical history (both before and after the diagnosis of the illness / accident that caused the death) of the Insured Person (Certified Copy)
- Report of the Physician who assisted the Insured Person, indicating the clinical history and detailing the start and the development of the illness / accident that caused the death (Certified Copy)

In case the death was due to a violent or unknown cause:

Death Risk / Mixed

- Autopsy Report of the Insured Person (Certified Copy)
- Certificate issued by the Public Prosecution Office stating the findings (Certified Copy)
- Declaration of the Occurrence by the Appropriate Authorities or Declaration of the Judiciary Proceedings (Certified Copy)
- Results of the Toxicology Tests and of the Blood Alcohol Levels of the Insured Person (Certified Copy)

Death Savings / Investment

- Identity Card and Fiscal Identification Card of the Insured Person (Photocopy)
- Death Certification of the Insured Person (Certified Copy)

Invalidity

- Identity Card and Fiscal Identification Card of the Insured Person (Photocopy)
- Multipurpose Medical Certificate of Incapacity or Document proving the Invalidity of the Insured Person, issued by the Social Security Services or by the Labour Court, identifying the degree, the coefficient or the percentage of Incapacity, according to the National Incapacity Chart (Certified Copy).
- Report of the Family Doctor or of the Assistant Physician indicating the full clinical history (both before and after the diagnosis of the illness / accident that caused the invalidity) of the Insured Person (Certified Copy)
- Document describing the Professional Activity or the Main Occupation of the Insured Person, before being in a State of Invalidity (Certified Copy).

In case the Invalidity was due to a violent or unknown cause:

Invalidity

- Declaration of the Occurrence by the Appropriate Authorities or Declaration of the Judiciary Proceedings (Certified Copy)
- Results of the Toxicology Tests and of the Blood Alcohol Levels of the Insured Person (Certified Copy)

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Serious Illness

- Identity Card and Fiscal Identification Card of the Insured Person (Photocopy)
- Report of the Family Doctor or of the Assistant Physician indicating the full clinical history both before and after the date of the diagnosis of the illness (Certified Copy)
- Report of the Assistant Physician of the Corresponding Medical Speciality indicating the unequivocal, demonstrable and substantiated diagnosis, which mentions and expressly characterizes the date of the first symptoms, the clinical criteria and the means of diagnosis used, as well as the evolution of the illness, the current clinical situation, the medical treatments and the prognosis (Certified Copy).
- Clinical, radiology, histopathology and laboratory documentation needed to prove the existence of the illness or the need for a transplant (Certified Copy).
- Cerebrovascular Accident (CVA): Document demonstrating and evaluating the permanent neurological deficiency according to the capacity of performing the personal or professional activities (Certified Copy).
- Myocardial Infarction: Document demonstrating the history of typical chest pain, compatible changes to the electrocardiograms, of recent installation and of increase of the cardiac enzymes (Certified Copy).
- Evaluation of the cardiac function, together with the diagnose exams: Electrocardiogram, echocardiogram and possibly also a hemodynamical exam (Certified Copy).
- Document or means of proof that determine the existence of the claim, as well as the corroborative document that states the established period of survival (Certified Copy).

Additional documents that must be supplied

Beneficiaries

- Identity Card and Fiscal Identification Card of the Beneficiary(ies) / Legal Heir(s) of the person(s) that obligate(s) the company (Photocopy).
- Identity Card and Fiscal Identification Card of the Legal Guardian (the Legal Representative of the Minor, which can prove his/her legal status) (Photocopy)
- Certificate of Inheritance Deed (Certified Copy).
- Full Birth Certificate of the Minor (together with any endorsements), which has been updated after the date of the Claim (Certified Copy).
- Marriage Certificate (Certified Copy).
- Proof of Civil Partnership: Certificate of Residence (issued by the Parish Council of the place of residence, proving that the persons have lived together for more than two years) + Full Birth Certificate of the Surviving Spouse (together with any endorsements, and which has been updated after the date of the Claim (Certified Copy).
- Certificate of the Registry of Births, Marriages and Deaths, which proves the matrimonial property regime of the Couple, in case of Death of the Insured Person's Spouse, and if the Retirement Savings Scheme is a shared asset of the Couple (exclusively for Retirement Savings Schemes) (Certified Copy).
- Valid Certificate of the Commercial Registry of the company (Certified Copy).
- Declaration of the Credit Institution, stating the amount of the capital outstanding at the date of the Death / Invalidity (Certified Copy).

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2021-12-17

* Chamada para a rede fixa nacional. O custo da chamada depende do tarifário que tiver acordado com o seu operador de comunicações.

MAPFRE SEGUROS DE VIDA, S.A.
Matrícula C.R.C. Lisboa e NIPC 509 066 253
Capital social € 21.000.000 - CODIGO ESTADÍSTICO: 1186

MAPFRE SEGUROS GERAIS, S.A.
Matrícula C.R.C. Lisboa e NIPC 502 245 816
Capital social € 33.108.650 - CODIGO ESTADÍSTICO: 1145