

Using this claim form

This claim form has been designed to help make a claim from laya life for a single life policy.

Please answer all the questions below, complete the relevant sections, read and sign the declaration section and ensure the documents required to process the claim are attached.

Further Information

If you have any questions in relation to this form or making a claim, please contact us on tel: 1890 907 100 or email: letushelp@layalife.ie

1 Policy details		
Name of deceased:		
Address of deceased:		
Date of birth of deceased: Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
Date of death: Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
Laya life policy number: <input type="text"/>		
2 Declaration		
<input checked="" type="checkbox"/> I declare that I am entitled to the estate of _____ (name of deceased).		
<input checked="" type="checkbox"/> I confirm the information I have provided regarding this claim is correct and agree to send the original policy documents if available and all required documents to laya life.		
<input checked="" type="checkbox"/> If laya life pay the claim amount due under the policy without the production of the policy documents, I agree to repay the money to laya life if any other person or body proves to laya life that they are entitled to this payment instead of me.		
<input checked="" type="checkbox"/> I declare that I am entitled to claim the proceeds from this policy.		
Signed: (Claimant or legal representative)		Date:
Name: (In CAPITALS)	Relationship to the deceased:	Contact details:
Signed: (Claimant or legal representative)		Date:
Name: (In CAPITALS)	Relationship to the deceased:	Contact details:
- Please return this form along with the grant of representation and other items required as stated in Section 5 overleaf. - Or, if you would like us to consider payment without a grant of representation, or before this is received, please complete all the questions in Section 4 overleaf. We will need your signature to be witnessed (your witness should be over the age of 18 and not related to you).		
Witness		
Signed:		Date:
Name: (In CAPITALS)	Contact details:	
Address:		
Occupation:		

