

Notification of Death Individual Life

(Pillars 3a and 3b)

Policy No.

Deceased person

Mr. Mrs./Ms.

Last name

Street/No.

First name

City/Town

Postal Code

Cause of death

Date of birth (Day/Month/Year)

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Date of death (Day/Month/Year)

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Marital status

single married widowed divorced registered partnership dissolved partnership

Please join us a copy of the official death certificate.

Contact person

Mr. Mrs./Ms.

Last name

Relation with the deceased person

First name

Street/No.

Postal Code

City/Town

Phone

E-mail

I wish to be contacted by e-mail.

Remarks

Submit

Zurich Insurance Company Ltd
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