

Notification of death

If the death was caused by an accident, information also needs to be provided on the second page.

Remember to include declaration from the probate court, or other official documentation of whom the heirs of the deceased are.

Information about the deceased

Surname/forename		Personal ID number (11 numbers)	
Member of trade union/trade affiliation		Date of death D D / M M / Y Y	Marital status at time of death <input type="checkbox"/> Not married <input type="checkbox"/> Married/reg. partner <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabitant <input type="checkbox"/> Separated <input type="checkbox"/> Widow/widower
Did the deceased have children under the age of 21 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the death caused by an accident? If YES page two needs to be completed <input type="checkbox"/> Yes <input type="checkbox"/> No		

Information about the deceased spouse/registered partner/cohabitant

Surname/forename	Personal ID number (11 numbers)
Member of trade union/trade affiliation	

Only for cohabitants

I confirm that I I have lived with the deceased in a marital-like relationship for more than 2 years and also confirm that there was nothing hindering us from marrying
 I have a child with the deceased (certification attached)

Cohabitants signature

If child's death, enclose birth or baptism certificate for confirmation.

(For a stillbirth after 26 weeks gestation, attach confirmation from the hospital on which week this occurred).

Mother's name	Personal ID number (11 numbers)
Father's name	Personal ID number (11 numbers)

Relevant Grouplife insurances with SpareBank1 Forsikring

Name of Group policy	Policy number
Confirmation from employer/trade union/trade affiliation, stamp and signature	

Payment is to be made to:

<input type="checkbox"/> Norwegian account	Kontonummer
<input type="checkbox"/> International account. Bank name and SWIFT address	IBAN account number

Information about the person filling out the form

Name	Personal ID number (11 numbers)	Signature
Telephone number	E-mail address	

If you have insurance policies in SpareBank 1 Skadeforsikring relevant to your claim, we ask for permission to exchange information relating to the injury, medical conditions as well as the account number that we receive and obtain. This to ensure a quick claim handling of all your relevant insurance policies.

I accept that the above mentioned information can be exchanged between SpareBank 1 Skadeforsikring AS and SpareBank 1 Forsikring AS to serve the purpose as stated above.

Yes No

Complete this page if the death was due to an accident.

Date, time and place of accident and other information

Date and time of accident		Accident location	
Has the accident been reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Police District
If YES:		Police reference number	
Did the accident occur during paid employment or other income-generating activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what kind of work/business?	
Did the accident occur during direct travel to or from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, for whom (name/address) was the work/business?	
Was the death a direct result of a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, the vehicles reg.number	Name of companies the vehicles were insured under:

Course of events (describe how the accident happened and what was the cause of the incident)

Unmarried children living at home at the time of the accident

Child's name	Personal ID number (11 numbers)
Child's name	Personal ID number (11 numbers)
Child's name	Personal ID number (11 numbers)

Individual accident insurance in Sparebank 1

<input type="checkbox"/> Individual accident insurance	Policy number	<input type="checkbox"/> LOfavør ulykke	Policy number
<input type="checkbox"/> Car accident with motor vehicle insurance	Policy number	<input type="checkbox"/> Travel insurance	Policy number

Group accident insurance in SpareBank 1

The policy is held by	Policy number	The policy is held by	Policy number
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Accident insurance in other companies

Did the deceased have accident insurance with other companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, enter company's name	Policy number
	If YES, enter company's name	Policy number

Sparebank 1 Forsikring AS and SpareBank 1 Skadeforsikring AS are responsible for the information collected. It is necessary for the company to receive the information required to evaluate the claim.
You have the right to see the information registered by the company. You also have the right to have incorrect information to be corrected.

Place

Date

Signature