



# Accidental Dismemberment / Loss – Claimant Statement

*This form must be completed in full. Please print.*

## 1. Claimant information

Name (first/middle/last):			
Policy name:		Policy number:	
DOB (dd-mmm-yyyy):	Certificate number:		
Residential address:			
Phone: H	W	C	Email:

## 2. Accident information

Date of accident or loss (dd-mmm-yyyy):	If accident, place of accident:
Nature of accident: <input type="checkbox"/> Work related* <input type="checkbox"/> Occupational illness <input type="checkbox"/> Motor vehicle* <input type="checkbox"/> Other:	
If motor vehicle accident, indicate the injured person: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger	
Description of the accident:	
Description of loss/dismemberment:	
Was surgery required? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details:	
Type of surgery:	Date of surgery (dd-mmm-yyyy):
Was hospitalisation required? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details:	
Name and address of hospital:	
Dates of hospitalisation (dd-mmm-yyyy): to	
Name(s) of attending physician(s)/specialists:	

\*Please provide a copy of the Accident Report, Employer's Accident Report and/or Police Report (if applicable).

## Declaration

### Claimant's declaration and signature

By signing this form, I confirm/understand that:

- The furnishing of forms by BF&M does not constitute an admission that there is any assurance in force.
- The information provided on this form and attachments is true and complete.
- For the sole purpose of determining insurability, managing files and processing this claim, I authorise BF&M Life Insurance Company Limited, and its representatives and reinsurers to collect from any hospital, physician, healthcare professional, or other person who has attended to me or examined me, any medical history, consultations, prescription or treatments, and copies of all hospital or medical records.
- A photocopy of this authorisation is as valid as the original.

### Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, including my health and medical data, in accordance with BF&M's Privacy Policy ([www.bfm.bm/privacy](http://www.bfm.bm/privacy)) and the short form notice overleaf.
- I understand that I may withdraw my consent at any time by email to [privacy@bfm.bm](mailto:privacy@bfm.bm) but that may impact BF&M's ability to provide insurance or related services or pay insurance claims benefits

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I (in my capacity as claimant) understand and agree with the declaration set out above.

**ACCEPT TERMS**

Name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

## Instructions

1. Submit completed Attending Physician's Form
2. Submit completed Employer Statement Form
3. Submit completed Claimant Statement Form (this form)
4. Submit a copy of the Accident Report, Employer's Accident Report and/or Police Report (if applicable)

### Please return the fully completed forms and supporting documents to BF&M by any of these methods:

Mail: BF&M Life Insurance Company Limited, Attention: Claims Department, P.O. Box HM 1007, Hamilton HM DX, Bermuda

By hand: BF&M Life Insurance Company Limited, BF&M Insurance Building, Attention: Claims Department, 112 Pitts Bay Road, Pembroke HM 08, Bermuda

Email: [lifedisabilityclaims@bfm.bm](mailto:lifedisabilityclaims@bfm.bm) Fax: +1 441 296 0052

### For BF&M official use only

Reports submitted:  Accident Report  Employer's Accident Report  Police Report (required)

Policy type:  Individual Insurance  Group Insurance

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin: \_\_\_\_\_ Comments: \_\_\_\_\_

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## Privacy notice for health and medical data – in brief

At BF&M, we care about your privacy. We recognise that when you choose BF&M as your insurance provider, you are trusting us to protect your personal data.

In providing health and life insurance services to you and your family members, we need to collect and process sensitive personal data, such as medical and health details, belonging to you as the policyholder(s), as well as family members or other individuals who may be relevant to a policy or claim.

We want to be open and transparent with you about how we collect and use your personal data. Please read our Privacy Policy made available to you on our website at [www.bfm.bm/privacy](http://www.bfm.bm/privacy). If you have questions about how we handle your personal data, you can contact us at [privacy@bfm.bm](mailto:privacy@bfm.bm).

In accordance with our obligations under applicable data protection laws, we require your consent to process sensitive personal data. You may withdraw such consent at any time by contacting us at the above email address, but doing so may prevent us from providing insurance, administering existing policies or paying claims or benefits. The consent you provide will remain valid for the duration of the policy unless it is changed or withdrawn by you. A parent or guardian's consent will apply to any member who is a minor.

1. *Collection and processing:* In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may collect and process my sensitive personal data. This includes collecting and processing my medical and physical or mental health data in order to administer the policy, including to quote for insurance cover, underwrite the risks, carry out renewals and to process claims.
2. *Obtaining my personal data from third parties:* In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may obtain my personal data, including health and medical data, from insurance market intermediaries such as agents or brokers who help arrange and administer my policy, any plan sponsor such as an employer who may set up a Health or Life policy as part of a group plan, physicians, nursing staff, paramedics and other hospital or laboratory staff, care homes, other medical institutions here in Bermuda and overseas, overseas insurers and claims' processing insurance services.
3. *Sharing my personal data with third parties:* In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may share my personal data including health and medical data with the categories of third parties listed below. I understand that BF&M requires these third parties to apply appropriate safeguards to protect my personal data and seeks contractual commitments and assurances.
  - With service providers that perform services on behalf of BF&M, such as entities which perform medical and/or insurance risk assessments, handle and assist in the adjudication of claims made (without which BF&M would not be able to administer my policy or pay any claims), and other healthcare or wellness providers, providing healthcare services to me under my policy.
  - With medical experts and institutions to assess insurance risks, policy coverage and claims made (without which BF&M would not be able to pay me or third-party medical providers for treatment given under an insurance policy).
  - With other insurance market participants, such as co-insurers to distribute the coverage of insurance risk jointly with other companies to which BF&M issues a policy, and reinsurers that may be covering the same insurance risk at the same time.