

loan repayment insurance death claim form

Lumley Business Solutions, PO Box 3939, Shortland Street, Auckland 1140, New Zealand, Tel 09 308 1105, Fax 09 308 1115

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

To be completed by Executor/person handling estate

Name (in full):		
Postal address:	Suburb/Town:	
Telephone No: (h)	(w)	(mob)

Insured details Full details of Insured

Insured(s) full name:		
Policy No:	Expiry date: / /	
Postal address:	Suburb/Town:	
Telephone No: (h)	(w)	(mob)
Email address:	Fax No:	
Cause of death:		
Was death as result of an accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of death: / /		
Name of usual medical practitioner		
Postal address:	Suburb/Town	
Telephone No: (h)	(w)	(mob)
Note: Please attach a copy of the Insureds death certificate and a copy of their birth certificate.		

Declaration:

I hereby declare that the above information is true and correct and that no material information has been withheld and I understand that any benefits payable as a result of this claim shall be applied to the insureds Loan Account/Finance Company or the Insureds Estate.

I hereby authorise the disclosure of personal information held by any other party regarding this claim. I agree to Lumley General Insurance (N.Z.) Limited and their Agents and the Life Insurer releasing to other parties information regarding this claim.

A photocopy of this authorisation shall be valid as the original.

Signature of Executor/person handling the estate:	Date: / /
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Check List

All details above completed (as known)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of birth certificate (if available)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of death certificate (if available)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact details?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Declaration signed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please return the completed form to: Lumley Business Solutions, PO Box 3939, Auckland 1140.		