

## loan repayment redundancy 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.

### Details of Claimant and reasons for Redundancy

<b>Name (in full):</b>		
<b>Postal address:</b>		<b>Suburb/Town:</b>
<b>Telephone No: (h)</b>	<b>(w)</b>	<b>(mob)</b>
<b>Date of birth:</b> /     /	<b>Usual occupation:</b>	
Name and address of primary employer:		
Date employment commenced:     /     /	Date employment ceased:     /     /	
Reason for termination of employment:		
Name of any other current employers:		
Was your employment (please tick yes or no for each employment type):		
Casual work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self employment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paid for by commission, fees or other than by way of salary or wages:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A fixed term contract:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seasonal or temporary work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked since being made redundant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , on what date did you start work?     /     /		
Have you returned to your own occupation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>No</b> , in what occupation have you returned to work and what duties are involved?		
WINZ branch details where registered:		
Case Manager:		
<b>Note: Please include a copy of the Official Notice of Redundancy and a letter from WINZ to confirm that you are actively seeking employment.</b>		
Were you in permanent full time employment at the date of signing the Loan Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 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 benefit payable as a result of this claim shall be applied to my Loan Account/Finance Company.

I hereby authorise any employer to disclose to Lumley General Insurance (N.Z.) Limited and their Agents and the Life Insurer releasing any and all information concerning my employment history. I agree that, should there be any dispute over payment of this claim, the Company shall be entitled to submit the dispute to arbitration. I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We authorise Lumley General Insurance (N.Z.) Limited releasing to other parties information regarding this claim.

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

Signature of Claimant:	Date:     /     /
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