

Accidental Death Insurance

Insuranceline

Claim notification form

Need any help completing this form? Call us on 1300 880 750 8am-8pm AEST

To assist us in ensuring you receive a prompt settlement, please complete the details below.

This form is for accidental death claims only. Upon admittance of this claim, the proceeds of this policy will be paid in accordance with Probate or Letters of Administration.

Part A – Claim application

Policy Number:	<input type="text"/>			
Policy Owner:	<input type="text"/>			
Full Name of Deceased:	<input type="text"/>			
Date of Death:	dd: <input type="text"/>	mm: <input type="text"/>	yyyy: <input type="text"/>	Cause of Death: <input type="text"/>
Occupation of Deceased:	<input type="text"/>			

Please complete either '1' OR '2'

1. To be completed if the deceased had a Will

Executor(s) named in the Will:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Has Probate been applied for?	<input type="text"/>
Has Probate been granted?	<input type="text"/>
If the claim application is being completed by someone other than those stated above, please give details:	
<input type="text"/>	
<input type="text"/>	

2. To be completed if the deceased did not have a Will

Have Letters of Administration been applied for?	<input type="text"/>
If so, by whom?	<input type="text"/>
Have Letters of Administration been granted?	<input type="text"/>
If Letters of Administration are not being applied for, please state the full name of the claimant and their relationship with the deceased:	
<input type="text"/>	
<input type="text"/>	

Part B – Policy discharge (Please note, this section of the form will only be used if TAL accepts liability for the claim)

I / We hereby request payment of \$ being the sum insured for the above policy, by cheque, made payable to

(Payee) of (Address)

in full satisfaction of all claims whatsoever under the above policy for the above life insured, and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the amount stated.

Signature Of Claimant:

Sign here: <input type="text"/>	Date: dd / mm / yy <input type="text"/>
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Signature Of Witness:

Sign here: <input type="text"/>	Date: dd / mm / yy <input type="text"/>
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The Privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which Insuranceline collects, uses, secures and discloses your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy is set out in the Insuranceline Privacy Policy which is available at www.insuranceline.com.au/Privacy-Policy or free of charge on request to Insuranceline by contacting 1300 880 750 or customerservice@insuranceline.com.au

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where Insuranceline is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.


There are situations where we may also disclose your personal information in circumstances where it is:


- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

HOW TO RETURN YOUR DOCUMENTS

 FREE Post Reply Paid GPO Box 5380, Sydney NSW 2001

 FREE Fax 1800 245 662

 1300 880 750

 claims@insuranceline.com.au