

Life Claim Form



Your life claim

We are very sorry for your loss, and we will ensure we assess your claim as quickly as possible. To help us do this, please check that all sections have been completed clearly, that you have enclosed a relevant death certificate, and send back to us by post, email or fax.

Asteron Life Centre
Level 13
55 Featherston Street
PO Box 894
Wellington 6140
New Zealand

Email: claims@asteronlife.co.nz
Freephone: 0800 737 101
Freefax: 0800 808 144

Section 1 Life Insured details

Family name

Given name(s)

Policy number(s)

Date of death

Cause of death

Was the death a result of an accident? E.g. car accident

Yes

No

Does the deceased have a spouse or partner?

Yes

No

If no, please tell us the name of the deceased's nearest relative:

Family name

Given name(s)

If the deceased had life insurance with any other companies, please give details.

Company name

Company name

Section 2 Claimant(s) / Executor(s) details

Family name

Given name(s)

Address

What is your relationship to the deceased?

Family name

Given name(s)

Address

What is your relationship to the deceased?

Claimant(s) / Executor(s) details continued

Family name

Given name(s)

Address

What is your relationship to the deceased?

Section 3 Primary contact person's details

What's the best way for us to contact you?

Email Phone Letter Fax

We'll use your preferred contact method as much as we can, however, from time to time we may need to send you things in writing.

If you'd prefer to receive these by email or fax instead of post, please provide your email address or fax number below.

If your preferred method of contact is by phone, please write your phone number (including area code) below.

Section 4 Payment details

To enable us to process payment faster, please attach a Bank Deposit Slip with bank account details.

If you require payment by cheque please tick here

Bank Account no.

Address

Section 5 Privacy Act 1993

For the purposes of the Privacy Act 1993, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your claim or policy or in order to comply with legal requirements. Your details are stored securely with companies within the Suncorp Group and you can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy. If you do not supply this information may result in your claim being declined.

For further information, please refer to the "Asteron Life Privacy Statement" which is specific to New Zealand law and the Suncorp Group's "Suncorp Privacy Policy". Both are available at www.asteronlife.co.nz, by phoning 0800 808 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Section 6 Your Signature(s)

This section must be signed in order for us to be able to process your claim.

I have read and understood the 'Privacy Act' section of this application. I agree that by receiving payment of the sum insured together with interest in accordance with the Life Insurance Act 1908, I release all claims that have made or may be made on Asteron Life under this policy in relation to the cover on the life of the above mentioned.

Signature

Declared at (street address)

Date