

claim and policy discharge form



Aussie

Insurance

To assist us in ensuring you receive a prompt settlement, please complete the details below. If you need assistance please call Customer Service on 1300 73 7697. Please note however, that a claim cannot be paid out until we receive all original documents.

If the Policyowner nominated a third party beneficiary in accordance with the Insurance Contracts Act, the proceeds will be paid to the third party. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate.

1. Please complete this form and send it together with the following documents:

- ✓ A certified copy of evidence of death. (e.g. Death Certificate or Coroners Report)
- ✓ A certified copy of evidence of the deceased's age. (e.g. Birth Certificate or Passport)
- ✓ A certified copy of proof of your identity and your relationship to the deceased. (e.g. your Birth Certificate)
- ✓ The original Policy document

Note: if you have lost your original Policy document you should also enclose a Statutory Declaration Form available at aussie.com.au/insurance

2. Policy details

Policyowner Policy number

3. Deceased's details

Name of Life Insured Date of death
Cause of death

4. Policy discharge

(Please note this section of the form will only be used if Hannover Life Re of Australasia Ltd (Hannover) accepts liability for the claim)

I/We hereby request payment of the benefit payable for the above Policy, in full satisfaction for all claims whatsoever under the Policy for the above life insured, and do hereby discharge Hannover from all liability thereunder other than for payment of the benefit.

5. Claimant details

I am the: Life Insured Nominated Beneficiary Policyowner Relative Executor
First name Surname
Address State Postcode
Telephone Number Relationship to deceased

 Your signature Date

6. Direct credit authority

Completing the details below will assist us in getting your claim payment to you as quickly as possible. Once your claim has been assessed, the benefit amount payable will be credited to the account below.

BSB number (branch number) Account number
Account name
Name of bank/
financial institution
Branch name/
location of financial institution

NB. If your account is held with a Credit Union, it may take longer for the benefit amount payable to be cleared. May we suggest you contact your nominated Credit Union.

 Your signature Date

Please return this form to Customer Service, GPO Box 1679, Crows Nest, NSW 1585

Issued by: Hannover Life Re of Australasia Ltd ABN 37 062 395 484