

# LIFE CLAIM FORM

Please complete this claim form and return to:

The Claims Department  
St Andrew's Australia  
PO Box 7395  
Cloisters Square 6850

#### IMPORTANT INFORMATION

1. The issue of this claim form is not an admission of liability
2. It is a condition of your policy that you provide a fully completed claim form as quickly as possible (within 120 days of the claim commencement date). A delay in submitting this form may prejudice your entitlement to a claim.
3. Please ensure that all questions are fully answered to avoid any delay in the handling of your claim.
4. If you do not complete all relevant sections of your claim form we may have to return it to you to be fully completed and your claim may be delayed.
5. It may be necessary during the period of your claim for a company representative to call you.
6. It is important that you notify us of any change in circumstances during your claim at the earliest opportunity.
7. If there is not enough room within the form to provide your responses please attach any documentation/word document that will aid us in assessing your claim.

A certified copy of the birth certificate and death certificate must be provided.

If you have any queries regarding your claim you can contact St Andrew's on

Ph: 1300 653 751 or fax 1300 552 695 or email: [claims@standrews.com.au](mailto:claims@standrews.com.au).

## LIFE CLAIM FORM

(to be completed by the person making the claim on behalf of the deceased)

### Details of Life Insured

**1.** Claim Number(s)

**2.** Date of Birth (dd/mm/yy):  /  /

**3.** Surname:

**4.** First Names:

**5.** Residential Address:   
Suburb/Town:

**6.** Cause of Death:

**7.** Did the deceased leave a valid Will? .....  Yes  No

**8.** Is there any intention to apply for Probate or Letters of Administration? .....  Yes  No

**9.** If there is a will, who is the Executor of the will? .....  
 Solicitor  Public Trustee  Trustee company  Other

**10.** Please provide the following details for the Executor of the will:

Name of organisation

Contact person's name:

Address:

Suburb / Town:  Postcode

Daytime phone number:

Mobile Number:

Email address:

**11.** Details of person lodging the claim - Please provide the following details:

Name:

Relationship to deceased:

Address:

Suburb / Town:

Phone number:

Email address:

**12.** Doctors Details - Please provide the following details of the deceased's General Practitioner:

Name of deceased GP:

Name of clinic:

Address:

Suburb / Town:

Phone number:

Email address:



### Representative Consent and Declaration

I (please print name) \_\_\_\_\_

of (address) \_\_\_\_\_

herby declare that I am over 18 years of age and that I am the may be legally entitled to claim the proceeds of the said policy being the \* \_\_\_\_\_ of the deceased.

\* insert relationship to insured – eg father, husband, wife, brother.

I declare that the information contained in this statement is true, complete and correct in every detail. I acknowledge my responsibility for the completeness and accuracy of the information, whether the answers have been written, entered or provided by myself or by any person on my behalf. I understand and agree that if I make any false or fraudulent statements or fail to advise St Andrews of any relevant information regarding the claim, St Andrew’s may be unable to assess the claim and may proceed to cancel the claim.

I agree copies of this consent and declaration have the validity of the original.

Signature of representative  Date (dd/mm/yy)

Name of representative

### Authority

I (insert the name of the representative) \_\_\_\_\_ on behalf of the deceased (insert name of deceased) \_\_\_\_\_ authorise any doctor, hospital, dentist, allied health professional insurer, other persons whom the deceased has consulted or attended to and other insurance companies to release to:

- St Andrews, and/or
- Its Authorised representative;

all information with respect to any illness, accident or injury, medical consultation, prescriptions or treatment and copies of all hospital records or medical records, reports or notes.

I agree that a photocopy or a scanned, electronic copy of this authorisation shall be as effective and valid as the original.

Signature of Insured  Date (dd/mm/yy)

Name of Insured

### Privacy Policy Statement

We collect personal information so that we can process and administer this claim. With respect to this claim, we may need to collect sensitive information relating to the health of the deceased. Without this information we will not be able to process and administer this claim.

If you provide us with personal information about someone else (not including the deceased), you should ensure that you are authorised to do so and agree to inform that person of the contents of this notice.

We exchange your personal information with organisations in the normal operation of our business, for example, with our related companies and agents, coinsurers, reinsurers and with service providers (such as professional advisors, IT support and mailing houses). In relation to your claim, your information may also be exchanged with other parties including ex-employers, government agencies, financiers, insurers, underwriters, claims investigators, other insurance companies, lawyers, recovery agents, hospitals, doctors, medical specialists or other health professionals. We may also disclose your personal information overseas to countries that are likely to include India and USA.

By providing this information you consent to us collecting, using and disclosing information about you in the manner described above. You also specifically consent to St Andrew’s being provided with medical information, including copies of any medical reports, clinical reports or others, from any Doctor who at any time has attended the deceased concerning anything which affected their physical or mental health.

Our Privacy Policy, a copy of which can be found at [www.standrews.com.au](http://www.standrews.com.au) sets out how you can access and correct information we hold about you, how you can complain about a breach by us of your privacy rights and how your complaint will be handled. It also contains a more comprehensive list of countries to which your information may be disclosed and will be updated regularly.

You may contact our Privacy Officer in relation to your personal information (or to opt out of marketing) on 1300 363 159 or [standrews@standrews.com.au](mailto:standrews@standrews.com.au).

