

# Life Insurance Claim Form

## (including Accidental Death Cover)

- To assist us in ensuring you receive a prompt assessment, please complete all the required sections of this booklet. If you need assistance please call us on **1300 737 697**. Please note however, that a claim cannot be assessed until we receive all original documents.
- Please note that the information required to be completed in this document is in relation to the Life Insured, unless otherwise stated.
- To ensure that the claim may be assessed fully, and to avoid any delays to this process, please ensure that all the relevant items in this document are fully addressed and answered. Responses such as "refer to doctor", "see above", etc. are not acceptable. Failure to address and answer all items in this document may result in the refusal or delay of benefit payments.
- If for any reason there is not enough room on this document to provide the details being requested please attach a separate piece of paper and provide the details on this, and also make reference to which item on this document you are addressing. Please ensure that you sign and date the piece of paper.

### Filling in this form:

- Use a black or blue pen
- Mark boxes like this  with ✓ or X

#### Distributed by

Greenstone Financial Services Pty Ltd  
trading as Guardian Insurance  
ABN 53 128 692 884, AFSL 343079

#### Issued by

Hannover Life Re of Australasia Ltd  
ABN 37 062 395 484  
Level 7, 70 Phillip Street  
Sydney NSW 2000  
Phone: (02) 9251 6911  
Email: hlra@hlra.com.au

## Privacy

Greenstone Financial Services Pty Ltd ("GFS", "we", "us" or "our") collects personal information about you on behalf of Hannover Life Re of Australasia Ltd ("HLRA"). All information collected throughout the claims process by GFS or HLRA will be shared with both companies.

The information we collect will be used to assess and process your claim. The information may also be used if you apply for insurance from us in the future. If you fail to provide us with all or part of the information we require, we will be unable to assess and process your claim. Personal information will be collected from you or, where that is not practicable, from other organisations such as medical practitioners and government agencies.

The information we collect may be disclosed to other organisations, including but not limited to medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, an organisation that is duly appointed to manage the administration of such insurance policy or interpreters. We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website or you can request a copy by contacting us. You can also obtain the Privacy Policy of HLRA on their website, [www.hannoverlifere.com.au](http://www.hannoverlifere.com.au). If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy or have any other query relating to privacy please call 1300 737 697 Monday to Friday, 8:00am – 8:00pm EST.

## Section A – Policy Information

Policyowner

Policy number

## Section B – Policyowner Details

Title

First name

Surname

Residential address

Postal address

Phone (home)

(work)

(mobile)

Email

## Section C – Life Insurance Claim

### 1. Deceased's details

Name of Life Insured

Date of death

Cause of death

### 2. Claimant details

I am the:

Nominated Beneficiary

Policyowner

Relative

Executor

Other

First name

Surname

Address

State

Postcode

Telephone number

Relationship to deceased

SIGN HERE



X

Your signature

DD / MM / YYYY

Date

### 3. Authority to release information

I, , as Executor / Administrator / Guardian of  hereby authorise any physician, clinic, hospital, institution or Insurance Company to supply upon request to HLRA, on a confidential basis all details of any medical test, treatment or history that it may reasonably request.

A photocopy of this declaration shall be as valid an authority as the original.

**NOTE: This authority is to be completed by the Executor / Administrator / Guardian and a copy of the relevant legal documents must be provided, (e.g. Will, Letter of Administration, Power of Attorney).**

**SIGN HERE**    Date

### 4. Doctor's details

a. What is the name, address and telephone number of the deceased's usual doctor?

Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

b. For how long did the deceased attend this usual doctor?

### Section D – Checklist

**Certified copies of the relevant documentation related to this claim are attached as follows:**

#### What is a certified copy?

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original.

- The original Policy Document and Policy Schedule.  
If these documents have been misplaced, please complete the Statutory Declaration  
  **Go to Section H – Statutory Declaration on Page 5**
- A certified copy of evidence of death (e.g. Death Certificate or Coroner's Report)
- A certified copy of the Life Insured's identity (e.g. Birth Certificate, Driver's Licence or Passport)
- A certified copy of the claimant's identity (e.g. Birth Certificate, Driver's Licence or Passport)
- A certified copy of your relationship to the deceased (e.g. Birth Certificate or Marriage Certificate)
- A completed and signed Medicare Authority form authorising the release of your Medical and Pharmaceutical Benefits Scheme claim information

### Section E – Policy Discharge

(Please note this section of the form will only be used if HLRA accepts liability for the claim)

- I/We hereby request payment of the benefit payable for the Life Insurance Policy (details on page 2 of this document), in full satisfaction for all claims whatsoever under the Policy for the Life Insured , and do hereby discharge HLRA from all liability there under other than for payment of the benefit.

## Section F – Declaration

As the Policyowner/Claimant/Life Insured I have read and carefully considered the questions on this document and all the responses are true and correct in relation to the claim.

I acknowledge that the making of a false statement may invalidate this claim, that if I fail to provide all or part of the information Hannover Life Re of Australasia Ltd requires to assess this claim it will not be assessed and processed.

SIGN HERE

X

Signature of Policyowner/Claimant/Life Insured

DD / MM / YYYY

Date

## Section G – Direct Credit Authority\*

The payout of a Life Insurance Policy normally forms part of the deceased's Estate. It will be subject to the deceased's will unless there is a specific person (or persons) nominated on the Policy as beneficiary. If there is a specific nomination, then the money will be paid directly to that person. If no nomination has been made, the proceeds will be paid either to a surviving Policyowner (where applicable) or to the Estate in the form of a cheque.

### As the nominated beneficiary, please complete:

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.

SIGN HERE

X

Your signature

DD / MM / YYYY

Date

- If you don't have a bank account, we will make any claim payment by cheque.

\* If payment is to be made to more than one account, please attach supplementary schedule.

## Section H – Statutory Declaration

I, (insert name, address and occupation)

Name

Address

Occupation

do solemnly and sincerely declare that I am the legal owner/beneficial owner of Policy number  ("Policy")

on the life/lives of  issued by Hannover Life Re of Australasia Ltd ("HLRA").

I have satisfied myself by exhaustive enquiry that for the above Policy, none of the members of my family or my Solicitor has any knowledge of the Policy documents' whereabouts nor have they been disposed of by me or to the best of my knowledge by any other person, nor are the Policy documents held by my bank or any other person for safekeeping or lodgement.

The Policy documents have been lost in the following circumstances:

  
  

I have not assigned, mortgaged or otherwise dealt with the above Policy in any way and there is no lien on it.

I undertake to return the previous Policy documents to HLRA should they be found.

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 as amended and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing that the statements contained in this declaration are true in every particular.

SIGN HERE

X

Signature of Policyowner/Claimant

DD / MM / YYYY

Date

Declared at

DD / MM / YYYY

Date

SIGN HERE

X

Before me (signature of authorised signatory)

DD / MM / YYYY

Date

Full name

Occupation/title

**NOTE 1** – A person who willfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against the Act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

**NOTE 2** – A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before a Chief Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia or its Territories to take affidavits; a person appointed under the Statutory Declarations Act 1959 as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1959, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia of Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge D’Affaires, or Counsel, or Secretary or Attache at an Embassy, High Commissioner’s office, Legation or other post.