



Claim Application and Policy Discharge Form

Accidental Death Plan

To assist us in ensuring you receive a prompt settlement, please complete the details below. If you need any assistance with this form, please call TOWER's Claims Department on 1800 101 019.

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.

1 Claim Application

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

Please complete either Part 'A' OR Part 'B'

A. To be completed if the deceased had a will

Executor(s) named in the Will

Has probate been applied for?

Has probate been granted?

If the claim application is being completed by someone other than those stated above, please give details:

B. To be completed if the deceased did not have a will

Have Letters of Administration been applied for?

If so, by whom?

Have Letters of Administration been granted?

If Letters of Administration are not being applied for, please state the full name of the claimant and their relationship with the deceased

2 Policy Discharge *(Please note, this section of the form will only be used if TOWER 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 for all claims whatsoever under the above policy for the above life insured, and do hereby discharge TOWER Australia Limited from all liability there under other than for payment of the amount stated.

Signature of Claimant	<input type="text" value="X"/>	Date	<input type="text"/>
Signature of Witness	<input type="text" value="X"/>	Date	<input type="text"/>