

Funeral Insurance

Claim Notification Form

Need any help completing this form? **1300 880 750** 8am-8pm



Please ensure that:

1. All questions are answered fully to avoid undue delays to your claim.
2. You complete this form in black/blue ink and that answers are clear and legible.
3. You have enclosed the required documents, including:
 - This claim form, completed and signed by the Policy Owner, Beneficiary or Next of Kin
 - A *certified copy of evidence of death (e.g., Death Certificate, Attending Medical Practitioner's Certificate, Coroner's Report)
 - A *certified copy of proof of the deceased's name and date of birth as shown on the Policy Schedule (e.g., Birth Certificate, Drivers Licence. If the name is different due to marriage, please include a certified copy of a Marriage Certificate)
 - A *certified copy of proof of your name and date of birth (eg, Drivers Licence, Passport, Birth Certificate, If the name is different due to marriage, please include a *certified copy of marriage certificate)

***Certification of documents is only required for claims above \$20,000 or Accidental Death or deaths overseas**

For more information about document certification, please see the enclosed 'Frequently Asked Questions'.

PART A – POLICY NUMBER

PART B – YOUR DETAILS

Surname: First name:

Current Residential Address:
(Not Post Office Box)

suburb: state: postcode:

Postal Address:
(if different from above)

Email Address:

Phone Numbers: (H) (W) (Mob)

PART C – DECEASED DETAILS

Deceased's Surname: Deceased's First name:

Date of Death: dd: mm: yyyy: Cause of Death:

Accident/Injury: Illness:

PART D – BENEFICIARY/S ACCOUNT INFORMATION

This section will need to be completed by the current Policy Owner, the Beneficiary or Next of Kin.

I am the: Policy Owner Beneficiary Next of Kin

Name of Bank:

BSB Number: -

Account Number:

Account Name:
(For example: A & B Smith)

I / We hereby request payment of the benefit amount in full satisfaction of all claims whatsoever under the abovementioned policy for the deceased Life Insured and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the benefit. TAL will pay claims in accordance with Section 48A of the Insurance Contracts Act, 1984.

Sign here:

Date: dd / mm / yy

The Privacy of InsuranceLine customers is important and InsuranceLine is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which InsuranceLine collects, uses, secures and discloses your personal information is set out in the InsuranceLine Privacy Policy available at www.insuranceline.com.au/Privacy-Policy or free of charge on request to InsuranceLine by contacting 1300 880 750 or questions@insuranceline.com.au

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where InsuranceLine is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

INSURED BY:



**How to return
your documents**

Mail FREE Post

Reply Paid 62
Carlton South VIC 3053

FREE Fax

1800 245 622

Local Phone

1300 880 750

Email

claims@insuranceline.com.au