

Life Insurance

Claim Notification Form

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



1. 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 our Claim's Department on **1300 880 750**.
2. Please note that if the policy owner has nominated a third party beneficiary in accordance with the Insurance Contracts Act, then policy proceeds will be paid to that third party.
3. If no nomination has been made, the policy proceeds will be paid in accordance with Probate or Letters of Administration.

PART A – CLAIM APPLICATION

Policy Number: Policy Owner:
Full Name of Deceased: Date of Death: dd: mm: yyyy:

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:

Has any portion of the premiums for this policy been paid for by a Self-Managed Superannuation Fund? Yes No
If yes, please provide details

PART B – POLICY DISCHARGE (Please note, this section of the form will only be used if TAL 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 of all claims whatsoever under the above policy for the above life insured, and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the amount stated.
Sign here: Date: dd / mm / yy
Sign here: Date: dd / mm / yy

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

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