

loan repayment insurance policy: bankruptcy claim form

Southbury Insurance, PO Box 1970, Christchurch, New Zealand, Telephone 0508 southbury (768 842), Facsimile (03) 962 1849

Personal Details

Full name:	Date of birth: / /	
Residential address:	Suburb/Town:	
Contact address (if different):		
Telephone No: (hm) ()	(wk) ()	(mob) ()
Financier:	Contact Person:	

Bankruptcy Details

If self-employed:		
Date of adjudication by High Court at	Date: / /	
or		
Own application: Date: / /		
Official Assignee appointed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Case Manager:		
Phone: ()	Postal Address:	
If employed:		
If employed, liquidation of your employer company by order of the High Court at	Date: / /	File reference:
Name of Applicant:		
Name of Liquidator appointed:		
Phone: ()	Postal Address:	

Privacy Act 1993

This claim form collects personal information about you for the purpose of assessment of your claim. The intended recipients of the information are **Southbury Insurance Limited, Lumley Life (N.Z.) Limited** and **Lumley General Insurance (N.Z.) Limited**. This information is collected pursuant to the terms of your insurance policy. You authorise use and disclosure of the information to other persons for the purposes of assessment of your claim. You have the right to access and to correct this information subject to the provisions of the Privacy Act 1993.

Policy number:

Claim number:

Declaration

I declare that all statements made in this form are true and correct and that all material information has been disclosed. I acknowledge that if I have not answered any question correctly, completely or faithfully my claim may be declined and/or my policy may not operate. I understand that any benefits payable under this claim will be paid to the Financier to my credit.

Signature of Claimant/Customer:

Date: / /