

loan repayment insurance policy: death claim form

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

Executor/Administrator of the Deceased

Full name:		
Residential address:	Suburb/Town:	
Contact address (if different):		
Telephone No: (hm) ()	(wk) ()	(mob) ()

Customer's details

Full name:	Date of birth: / /
Policy No:	
Last residential address:	Suburb/Town:
Cause of Death:	
Was Death as a result of an accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Death: / /
Place of Death:	
Name of Usual Medical Practitioner:	
Contact details: Phone ()	Postal address:
Financier:	Contact Person:

Please attach a copy of the Customer's Death Certificate and a copy of their Birth Certificate

Privacy Act 1993

This claim form collects personal information about you for the purpose of evaluation 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 and your authorised 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 understand that any benefits payable under this claim will be paid to the Financier to the credit of the Deceased and the Deceased's estate.

Signature of Executor/Administrator handling Estate: _____ Date: / /