

# loan repayment insurance policy: redundancy 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:

## Employment Details

Usual occupation:	
Name and address of primary employer:	
Date employment commenced: / /	Date employment ceased: / /
Reason employment ceased:	
Details of any other current employment:	
Employer's name:	Place of work:
Contact details: Phone: ( )	Postal:
Type of employment (please tick yes or no for each employment type):	
Casual work:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paid by commission, fees or other than by way of salary or wages :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed term contract:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seasonal or temporary work:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you worked since being made redundant:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, What date did you start work: / /	Period of work: days Date ceased (if applicable): / /
Hours of work (average per day):	
WINZ branch details where registered:	
Case Manager:	Contact: Phone
<i>Note: please include a copy of the written Notice of Redundancy and a letter from WINZ to confirm that you are actively seeking employment</i>	
Were you in permanent full time employment at the date of signing the Loan Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 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 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: / /