

loan repayment insurance policy: terminal illness claim form

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

Customer's details

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

Illness Details

Name of GP:	
Contact details: Phone: ()	Postal address:
Name of Consultant/Surgeon:	
Contact details: Phone: ()	Postal address:
Date of original diagnosis: / /	
Brief details of ongoing treatment:	

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** and **Lumley Life (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 no material information has been withheld. 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 under this claim will be paid to the Financier to my credit and to myself or my estate.

I authorise any medical practitioner(s) I have consulted to provide information and documents recording my medical condition and medical history.

Signature of Claimant/Customer:

Date: / /