Accident & Health International
Underwriting Pty Limited

Accident and Health

ACCIDENT CLAIM REPORT IN RESPECT OF DEATH

IMPORTANT INFORMATION: PLEASE READ BEFORE YOU COMPLETE THIS FORM

1. ***This form consists of several sections. Please provide answers to all of the information required in order to avoid delays with your claim.***
2. When completing this form please print.
3. The issue of this form is not an admission of liability by Accident & Health International Underwriting Pty Ltd.
4. **Payment of Benefits**.

In the absence of any other specific written "Release" or legal authority, benefits will normally only be made payable to the *Estate* of the deceased person. Please ensure that written documentation is forwarded to support any request for a change in the name of the Payee.

POLICY NO: | **EXPIRY DATE:**

Name of Insured .....

Name of Insured Person (the deceased) ..... Surname ..... Given Names

Address .....

..... State ..... Postcode .....

Telephone No. Home ..... Business .....

Occupation, Trade or Profession .....

Date of Birth .....

Please tick preferred form of payment for refund* Cheque ☐ Direct Payment ☐ If you have selected Cheque please nominate payee .....

***Please read IMPORTANT INFORMATION regarding payment of benefits.**

If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)

Bank ..... Account Name .....

Branch Number ..... Account Number .....

DETAILS OF ACCIDENT

Address where accident occurred .....

.....

Time ..... am/pm Date .....

Were there any witnesses to the accident? (If you do not have enough room please attach a separate sheet) Yes ☐ No ☐

Witness Name .....

Witness Address .....

..... State ..... Postcode .....

Contact Numbers .....

How did the Accident happen? .....

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PLEASE ATTACH A DEATH CERTIFICATE, POLICE REPORTS, POST MORTEM AND/OR CORONERS REPORTS

PLEASE ENSURE THAT THE DECLARATION ON THE REVERSE OF THIS FORM IS READ CAREFULLY AND SIGNED.
WE ARE UNABLE TO PROCESS ANY CLAIMS WITHOUT A SIGNED DECLARATION.

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DECLARATIONS

Dispute Resolution Statement

Accident & Health International Underwriting Pty Ltd is an agent for Allianz Australia Insurance Limited who is a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia.
If you have a dispute and after talking to Accident & Health International Underwriting Pty Ltd staff you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within fifteen (15) working days.
If you are not satisfied with our dispute resolution process, we will advise you on how to contact the insurance industry's external independent complaints scheme.
Access to the Dispute Resolution scheme is free of charge to you.

Declarations and Medical Authority

Privacy:
The Privacy Act 1988 requires us to tell you that on behalf of the Insurer we may collect personal information and sensitive information about the deceased and potential beneficiaries under this Policy in order to calculate losses and entitlements, determine our liability, compile data and handle claims.
When handling claims we may have to disclose and obtain this personal and other information to and from third parties such as other insurers, reinsurers, loss adjusters, medical attendants, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), or other parties as required by law.
There is a right to seek access to this personal information by a duly authorised person and to correct it at any time. Please contact Accident & Health and advise us of the changes.

Medical Authority:
I authorise any doctor or medical attendant who has treated the deceased or examined him/her or any person or organisation that has employed him/her or any other person or organisation who has or may have information regarding his/her illness/injury to give the underwriter any information it requires to assist in the proof and settlement of this claim. A photocopy or faxed copy of this authority can be acted upon as if it were an original.

Declaration:
I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld.
I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
I/We acknowledge that I/We have read and understood the Privacy Act 1998 information and Medical Authority referred to above and consent to the collection, storage and use and disclosure of the deceased's and/or any other persons who may benefit from this claim's personal and sensitive information. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Accident & Health will be unable to process this claim.

Date ..../..../.... Signature of the Representative .....

Relationship to the deceased ..... Print Name .....