

# Accidental Death Claim Form

We'll assess your claim as quickly as possible. The information you provide will help us do this and make sure our assessment is accurate. Please complete all sections of the form as requested – an incomplete form could delay the assessment of your claim.

- Please attach a copy of the Death Certificate and Will (if one exists) and send to Asteron Life either by emailing [claims@asteronlife.co.nz](mailto:claims@asteronlife.co.nz); faxing 0800 808 144 or posting to Freepost 198921, PO Box 894, Wellington 6140.
- If premiums are currently being paid by Automatic Payment please make sure this authority is cancelled.

We're happy to help if you have any queries about this form. Please call us on 0800 808 101, or talk to your adviser.

## A. Deceased's details

Policy number\*

\*The policy number can be found on the policy schedule or by calling Asteron Life on 0800 737 101

Family name  Given name(s)

Date of death  Cause of death

Was the death a result of an accident? eg. car accident ..... Yes  No

### Please tell us the name of the deceased's spouse, partner or nearest relative (below)

Family name  Given name(s)

1. Has the deceased left a Will? ..... Yes  No   
If 'yes' please attach a copy.

2. Have Probate or Letters of Administration been applied for? ..... Yes  No   
If 'yes' please attach a copy.

3. If the deceased was insured with any other companies, please give details.

Company <input type="text"/>	Sum insured <input type="text" value="\$"/>
Company <input type="text"/>	Sum insured <input type="text" value="\$"/>

## B. Claimant(s) details

### Claimant 1

Full name

Address

Phone number   
 Email address

### Claimant 1

Full name

Address

Phone number   
 Email address

