

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; 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* L			
,	an be found on the policy schedule or by calling Asteron Life	e 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 th	e name of the deceased's spouse, partner	or nearest relative (belov	w)
Family name		Given name(s)	
	eased left a Will?e attach a copy.		Yes No
	e or Letters of Administration been applied fo e attach a copy.	r?	Yes No No
3. If the decease	ed was insured with any other companies, pl	ease give details.	
Company		Sum insured	\$
Company		Sum insured	\$
B. Claima	ant(s) details		
Claimant 1			
Full name			
Address		Phone number	(0)
		Email address	
	Post Code		
Claimant 1			
Full name			
Address		Phone number	(0)
		Email address	
	Post Code		



Payment Details

For payment by direct credit please advise your account details, or attach a bank deposit slip showing the bank account details:
Account name
Account number BANK BRANCH ACCOUNT NUMBER SUFFIX
Privacy Act
This information is being collected and will be held securely by Asteron Life Limited ('Asteron Life'). It is intended for use by Asteron Life employees who require access to this information for administering your claim and policy. Under the Privacy Act you are entitled to request access to and request correction of any personal information about you held by Asteron Life. If you do not supply the information sought your claim may be declined.
In assessing and managing your claim we may need to disclose your personal information to other parties such as claims assessors, loss assessors, reinsurers, medical and financial professionals, judicial or dispute resolution bodies and Suncorp Group companies.
Your declaration
Please complete this section if the total amount claimed for is less than \$15,000 and Letters of Administration or Probate have not been applied for.
I declare that the deceased:
Please tick one died without leaving a Will. Letters of Administration are not being applied for and I am entitled to claim the proceeds of this plan under Section 65 of the Administration Act 1969
left a Will, and Probate is not being applied for and I am entitled to make this claim
Your Signature
This section must be signed in all cases.
I have read and understood the 'Privacy Act' section of this application. I declare that I conscientiously believe the information set out in this document (including if applicable the section above headed "Your Declaration") is true and correct. I agree that by receiving payment of the amount shown above I release all claims that have been made or may be made on Asteron Life under this policy.
Claimant 1
Full name Signature Sign here
Date
Claimant 2
Full name Signature Sign here
Date