

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*

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

B. Claimant(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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK			BRANCH			ACCOUNT NUMBER						SUFFIX							

Privacy Act 1993

The information will be held securely within the Suncorp Group and is intended for use by employees of Suncorp Group companies, including Suncorp NZ Employees Limited, who require access to this information for administering your claim and policy. Under the Privacy Act 1993 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

Asteron Life

Level 13 Asteron Centre, 55 Featherston Street, PO Box 894, Wellington 6140, NZ
Ph: **0800 737 101** (Contact Centre hours: Mon-Fri 8am-6pm)
Fax: 0800 246 067 Email: claims@asteronlife.co.nz Web: asteronlife.co.nz