

LIFESTYLE PROTECTION INSURANCE BANKRUPTCY CLAIM FORM



MARAC Insurance, Box 9919, Newmarket, Auckland 1149. Ph 0800 45 10 10 Fax 09 927 9318

Personal Details - INSURED

Mr/Mrs/Miss/Ms/Dr (please circle) First Names Surname

Address

Suburb City Postcode

Phone No. (hm) Phone No. (wk) Phone No. (mobile)

Email address Date of Birth / /

Nominee

Postal address

Bankruptcy details

Bankruptcy by order of the High Court at Date / /

or Bankruptcy by own application Date / /

Official Assignee appointed (please tick) Yes No

Name of Case Manager Phone No. (wk)

Address

Suburb City Postcode

Proceeds of Claim

Please confirm (tick a box) where you would like the claim proceeds (if accepted) to be paid:

Pay the full claim onto my MARAC loan

Pay the full claim into the following bank account

Pay the full claim to another finance company named here: _____

<u>Policy No.</u>
<u>Claim No.</u>

About protecting your privacy

This claim collects personal information about you to evaluate the claim you are making.

The recipient and holder of the information is MARAC Insurance Limited, 35 Teed Street, Newmarket, Auckland 1023. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory. The failure to provide this information may result in your claim being declined or your insurance being void.

You have right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insured signature

Signed

Date / /

Declaration

I/we declare that the statements contained in this claim are true, and I/we have not suppressed or misstated any facts that are relevant to this claim.