

# LIFESTYLE PROTECTION INSURANCE DEATH CLAIM FORM



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

## Executor/administrator of the deceased

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

Residential Address

Suburb City Postcode

Contact Address (if different)

Suburb City Postcode

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

## Personal Details - INSURED

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

Address

Suburb City Postcode

Cause of Death Date of Birth / /

Was death a result of an accident?  Yes  No Date of Death / /

Place of Death

Name of Usual Medical Practitioner Phone No. (wk)

Address

Suburb City Postcode

**Please attach a copy of the Customer's Death Certificate and a copy of their Birth Certificate**

## 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.