

Funeral Insurance

Claim Notification Form



Please ensure that:

1. All questions are answered fully to avoid undue delays to your claim.
 2. You complete this form in black/blue ink and that answers are clear and legible.
 3. You have enclosed the required documents, including:
 - This claim form, completed and signed by the Policy Owner, Beneficiary or Next of Kin
 - A certified copy* of evidence of death (e.g. Death Certificate, Attending Medical Practitioner's Certificate, Coroner's Report)
 - A certified copy* of proof of the deceased's name and date of birth as shown on the Policy Schedule (e.g. Birth Certificate, Drivers Licence. If the name is different due to marriage, please include a certified copy of a Marriage Certificate)
 - A certified copy* of proof of your name and date of birth (eg, Drivers Licence, Passport, Birth Certificate, If the name is different due to marriage, please include a certified copy* of marriage certificate)
- *Certification of documents is only required for claims above \$20,000 or Accidental Death or deaths overseas. For more information about document certification, please see the enclosed 'Frequently Asked Questions'.

PART A – POLICY NUMBER

PART B – YOUR DETAILS

Surname: First name:

Current Residential Address:
(Not Post Office Box)

suburb: state: postcode:

Postal Address:
(if different from above)

Email Address:

Phone Numbers: (H) (W) (Mob)

PART C – DECEASED DETAILS

Deceased's Surname: Deceased's First name:

Date of Death: dd: mm: yyyy: Cause of Death:

Accident/Injury: Illness:

PART D – BENEFICIARY/S ACCOUNT INFORMATION

This section will need to be completed by the current Policy Owner, the Beneficiary or Next of Kin.

I am the: Policy Owner Beneficiary Next of Kin

Name of Bank:

BSB Number: -

Account Number:

Account Name:
(For example: A & B Smith)

I / We hereby request payment of the benefit amount in full satisfaction of all claims whatsoever under the abovementioned policy for the deceased Life Insured and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the benefit. I acknowledge that TAL will pay claims in accordance with Section 48A of the Insurance Contracts Act 1984.

Sign here:

Date: dd / mm / yy

PART E – POLICY DISCHARGE

(Please note, this section of the form will only be used if TAL accepts liability for the claim)

I / We hereby request payment of \$ being the sum insured for the above policy, by cheque, made payable to

(Payee)

of (Address)

in full satisfaction of all claims whatsoever under the above policy for the above life insured, and do hereby discharge TAL Life Limited from all liability thereunder other than for payment of the amount stated.

Signature Of Claimant:

Sign here:

Date: dd / mm / yy

Signature Of Witness:

Sign here:

Date: dd / mm / yy

YOUR PRIVACY

The privacy of individuals is important and there are legal obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which your personal information is collected, used, secured and disclosed, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy is set out in the respective privacy policies of the providers of this product and / or related services and is available, free of charge, using the links and contact details below:

www.tal.com.au or call 1300 996 143

www.nrma.com.au or call 132 132

Collection and use of personal information

In order to provide this product to you (and to assess any claim made on this product) it may be necessary to collect your personal information, including your name, age, gender, contact details, health information, salary, and employment information. In certain circumstances, such as applications for life insurance products and claims, it may be necessary to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, then it may not be possible to provide the product to you or pay the claim.

Steps may be taken to verify the information that has been collected; for example, a birth certificate provided as identification may be verified with records held by the Registry of Births, Deaths and Marriages to protect against impersonation, or remuneration information may be verified with an employer in circumstances where there is a claim for income protection to ensure that it is accurate.

Disclosure of personal information

From time to time it may be necessary to disclose relevant personal information to external organisations and other parties in connection with providing this product, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- Other organisations to whom certain functions are outsourced during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where your personal information may be disclosed in circumstances where it is:

- Required by law (such as to the police or Australian Taxation Office); and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

Please return this form

In the Reply Paid envelope provided,
or mail to the address here
(No postage stamp required)

Mail FREE Post

NRMA Insurance
Reply Paid 72
Carlton South, VIC 3053

How to contact us

Phone: **1300 996 143**
Email: contact@nrmalife.com.au