

Death Cover

Third party owner claim form

Policy Owner's Details

Policy number

Name of the Deceased

Date of birth Date of death

Name of the Policy Owner(s)

Postal Address

Contact Number

Email

Claim Requirements

- Proof of Age for the insured – a copy of their birth certificate, driver’s licence, or passport
- Full Death Certificate (This must state cause of death. A copy of Coroner’s or Pathologist’s report may suffice)
- Name and Address of General Practitioner who holds the insured’s medical records

Name

Address

Declaration (To be completed by the Policy Owner(s))

I declare that to the best of my knowledge the foregoing particulars are true and correct, and that I have not withheld any information that is relevant to this claim.

I request and authorise any hospital, doctor, or other person who has attended or examined the deceased to furnish to Chubb Life Insurance New Zealand Limited or it’s representative any and all information concerning any sickness or injury suffered, medical history, consultations, prescriptions, or treatment including X-ray plates and copies of all hospital or medical records, that they may be included as a part of the proofs of the claim submitted. A photocopy of this authorisation shall be considered as effective and valid as the original.

I authorise the disclosure to Chubb Life Insurance New Zealand Limited of personal information held by any other person or organisation (including ACC, the Ministry of Health - General Medical Subsidy) regarding or affecting this claim and authorise Chubb Life Insurance New Zealand Limited to release to any other person or organisation information regarding or affecting this claim.

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text" value="X"/>	Signature	<input type="text" value="X"/>
Witness	<input type="text"/>	Witness	<input type="text"/>
Signature	<input type="text" value="X"/>	Signature	<input type="text" value="X"/>
Date	<input type="text" value="DD / MM / YYYY"/>		

The personal information collected on this Claim Form will be held by Chubb Life Insurance New Zealand Limited and you have rights of access to and correction of this information under the Privacy Act.

For Office Use Only

Date requested Date Sent Date Received