

# Claim Form – Superior Life Insurance Cover & Essential Life Accidental Death Cover

## Privacy Collection Notice

This Privacy Collection Notice outlines how **Hannover Life Re of Australasia Ltd** (“Hannover”, “we”, “us” or “our”) collects and handles your personal information in compliance with the Privacy Act 1988 (Cth).

## Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may on occasions collect it from a third party such as our related bodies corporate, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

## Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance / reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrators of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

## Overseas disclosure

We may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

## Access correction and complaints

Our Privacy Policy which is available at [https://www.hannover-re.com/1094181/australia\\_lh\\_privacy](https://www.hannover-re.com/1094181/australia_lh_privacy) (or, by contacting us using the details set out in the 'Contact Us' section below) outlines our personal information handling practices, including details on how you can seek access or correction of the personal information that we hold about you, how to complain if you believe we have breached the Australian privacy laws and our complaint handling processes.

## Contact us

You may contact Hannover as follows:

✉ The Privacy Officer, Hannover Life Re of Australasia Ltd  
Tower 1, Level 33,  
100 Barangaroo Avenue  
SYDNEY NSW 2000

📞 (02) 9251 6911

📠 (02) 9251 6862

📧 [privacyofficer@hlra.com.au](mailto:privacyofficer@hlra.com.au)

To ensure your claim is processed promptly, please complete the details below.

If the Policy Owner nominated a third party beneficiary in accordance with the Insurance Contracts Act, the proceeds will be paid to the nominated beneficiary. If no nomination has been made, the proceeds will be paid to the Estate.

### PART A Policy details

Policy owner:

Policy number:

### PART B Deceased's details

Deceased's name:

Date of birth:

Date of death:

Cause of death:

### PART C Claimant's details

I am the:  Nominated beneficiary  Relative  Executor  Other:

Title:

First name:

Surname:

Postal address:

Suburb:

State:

Postcode:

Home phone:

Work phone:

Mobile phone:

E-mail address:

### PART D Required documentation

Please tick the boxes to confirm that you have submitted all the required documents to us:

- A CERTIFIED COPY of evidence of death (eg, Death Certificate or Coroners Report)
- A CERTIFIED COPY of evidence of the Deceased's age (eg Birth Certificate or Driver's License)
- A CERTIFIED COPY of proof of your identity (eg Birth Certificate or Driver's License)

#### What is a certified copy?

This is a signed photocopy of an original document. The person signing it must see the original and the photocopy. It can be signed by a Justice of the Peace, accountant, solicitor, doctor, bank manager or police officer. It means you keep the original as we do not require it.

### PART E Authority to Release Information

I, \_\_\_\_\_ as Executor / Administrator / Guardian of \_\_\_\_\_ hereby authorise any physician, clinic, hospital, institution or Insurance Company to supply upon request to HLRA, on a confidential basis all details of any medical test, treatment or history that it may reasonably request.

A photocopy of this declaration shall be as valid an authority as the original.

**NOTE:** This authority is to be completed by the Executor / Administrator / Guardian and a copy of the relevant legal documents must be provided, (eg Will, Letter of Administration, Power of Attorney).

Your signature:

Date:

## PART F Doctor's details

Doctor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Period of time attending this doctor? \_\_\_\_\_ Months: \_\_\_\_\_ Years: \_\_\_\_\_

## PART G Beneficiary payment authority

This section must be completed by the nominated beneficiary/ies. Once the claim has been accepted the benefit will be credited to the account below. If no nomination has been made proceeds will be paid to the estate in the form of a cheque.

Name of bank: \_\_\_\_\_ Name of account holder: \_\_\_\_\_

BSB number: \_\_\_\_\_ - \_\_\_\_\_ Account number: \_\_\_\_\_

## PART H Policy discharge and declaration

Please note this section of the form will only be used if HLRA accept liability for the claim

I hereby request payment of the benefit payable for the Life Insurance Policy in full satisfaction for all claims whatsoever under the Policy and do hereby discharge HLRA from all liability there under other than for payment of the benefit.

As the claimant I have read and carefully considered the questions on this document and all the responses are true and correct in relation to the claim.

I acknowledge that the making of a false statement may invalidate this claim, that if I fail to provide all or part of the information HLRA requires to assess this claim, it will not be assessed and processed.

Claimant's signature: \_\_\_\_\_ Date: \_\_\_\_\_