

Life Insurance Initial claim form

- for Life Cover
- for the Death benefit under
Income Protection Cover



Office use only

Avant plan number(s): _____

Life Cover (LC) Income Protection Cover (IP)

Who is to complete this form?

This form is to be completed by the person or persons legally entitled to claim proceeds under Life Cover or the Death benefit under Income Protection Cover.

How to complete this form?

Please print this form, fill in the responses and email a copy of the completed form back to us at avantlifeclaims@avant.org.au

Please answer all questions unless indicated otherwise.

Should you require additional space to answer any of the questions or provide additional information in relation to your claim, we have provided additional space on page 5 of this form. Please make reference to which question you are responding to (if applicable).

Questions?

Avant is here to support you in any way we can, please contact us on 1800 128 268 or email us at avantlifeclaims@avant.org.au. Should you wish to discuss your claim or need help completing this claim form, please contact NobleOak's claims team directly on 1300 756 817.

1. Your personal details

Full name			
In what capacity are you making this claim?	<input type="checkbox"/> Executor	<input type="checkbox"/> Administrator	<input type="checkbox"/> Plan Owner <input type="checkbox"/> Beneficiary
Mobile		Telephone	
Business		Email	

2. Life insured's details

Full name			
Date of birth		Mobile	
Occupation			
Medical specialty			
Residential address			

3. Life insured's treating doctor

Life insured's treating doctor

Full name			
Specialty		Contact number	
Address			
State		Postcode	
When did the life insured first see this doctor for this condition? (DD/MM/YYYY)			
Was the treating doctor of the injury or illness the life insured's regular doctor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO , please provide your regular doctor's details.			
Full name			
Specialty		Contact number	
Address			
State		Postcode	
How long did the life insured attend the regular doctor?	Years/months		
Which doctor would best know the complete history of the life insured's medical condition(s)?		<input type="checkbox"/> My treating doctor	<input type="checkbox"/> My regular doctor <input type="checkbox"/> Other
If Other , please provide details of the doctor and/or surgery.			
Full name			
Specialty		Contact number	
Address			
State		Postcode	

4. Other doctors/healthcare professionals consulted in relation to this injury or illness

Other doctors/healthcare professionals consulted

Full name			
Specialty		Contact number	
Address			
State		Postcode	
Dates of medical treatment	From (DD/MM/YYYY)		To (DD/MM/YYYY)

Other doctors/healthcare professionals consulted

Full name			
Specialty		Contact number	
Address			
State		Postcode	
Dates of medical treatment	From (DD/MM/YYYY)		To (DD/MM/YYYY)

Other doctors/healthcare professionals consulted

Full name			
Specialty		Contact number	
Address			
State		Postcode	
Dates of medical treatment	From (DD/MM/YYYY)		To (DD/MM/YYYY)

Was the life insured referred to any other doctors, medical providers, rehabilitation providers or other health professionals for treatment or consultation? Yes No

If YES, please provide details.

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Complete **Section 5** in case of an **injury** only.

5. Claim details	
Date of life insured's death (DD/MM/YYYY)	
Location of life insured's death	
Please provide details of the cause of the life insured's death.	
If the life insured's death was caused by an accident, please explain how this happened.	

Complete **Section 6** in case of an **illness** only.

6. Claim details	
Date of life insured's death (DD/MM/YYYY)	
Location of life insured's death	
Please provide details of the cause of the life insured's death.	
When did the symptoms first appear?	
When was the illness first diagnosed?	
When was a doctor first consulted?	

7. Information about the estate

Did the life insured have a Will?

Yes No

If **YES**, please provide details about the executors.

Is an application for probate being made?

Yes No

If **YES**, please provide details of who probate has been granted to.

Has probate been granted?

Yes No

If no Will was left, or if there is no executor willing and able to act, are letters of administration being applied for?

Yes No

If **YES**, please provide details of who letters of administration are being applied for.

8. Additional information

Please provide any additional information or comments you feel are relevant to this claim.

9. Checklist

I have fully completed this form as required.

I have included a copy of the death certificate.

I have provided copies of all available supporting medical evidence confirming the diagnosis of the claimed condition. Please leave this checkbox blank if this information is not available to you, or if the information provided is incomplete.

I have attached a certified copy of my: Driver's licence Passport Birth Certificate

I have provided all the other required information as requested, including a copy of the life insured's will, letter of administration and/or probate documentation (if relevant).

Declaration and authorities

In signing below, I am making the following Declaration and am providing the Authorities to obtain information.

Declaration

- I declare that I am legally entitled to claim in respect of the cover on the life insured.
- I declare that the information in this claim form is true, correct and complete.
- I have not made any false or misleading statements and I have included all information relevant to the assessment of this claim.
- I understand and agree that if I make any false or fraudulent statements in this claim, NobleOak may be entitled to reject my claim and/or cancel the cover and/or to avoid the cover of the Plan altogether.
- I declare that I have read and understood the Privacy Statement below and I consent to the collection, use and disclosure of the life insured's personal and sensitive information in the manner described in the Privacy Statement.
- I consent to NobleOak and its representatives to use the life insured's personal and sensitive information (whether received by NobleOak from me or a third party) to investigate, assess and manage my claim and to disclose that information to medical, or health professionals and institutions and:
 - a) reinsurers and other insurers (including Workers' Compensation insurers);
 - b) investigators;
 - c) the ambulance;
 - d) NobleOak's service providers;
 - e) Statutory bodies including law enforcement agencies;
 - f) insurance or credit reference agencies;
 - g) financial institutions; and
 - h) such other third parties as is necessary for that purpose.

Authority to obtain information

I hereby authorise any individual organisation or entity with any of the aforementioned entities (a to h) that holds the life insured's personal and sensitive information to release that information to NobleOak on request, for the purpose of investigating, assessing and managing my claim.

I hereby authorise any medical practitioner, medical provider, health professional, hospital, dentist or other person who has attended me to release to NobleOak or its representatives (including Avant Life Insurance, a registered business name of Doctors Financial Services Pty Ltd ABN 56 610 510 328, as administrator of the life risk product issued by NobleOak) all information with respect to any sickness or injury, medical history, consultations, prescriptions, or treatment and copies of all hospital or medical records. I acknowledge that a photocopy or PDF copy of this authorisation can be accepted to be as effective as the original.

Name of Claimant			
Signature of Claimant		Date (DD/MM/YYYY)	

Privacy statement

Within this section, 'we' and 'us' refer to NobleOak, Avant and Avant Life Insurance.

'You' and 'your' refer to the Plan Owner or other relevant person authorised to make a claim.

We collect, use and retain personal information in accordance with the Australian Privacy Principles and the *Privacy Act 1988 (Cth)* (Privacy Act). Our detailed privacy policies are available on our respective websites at:

- avant.org.au/privacy-policy
- nobleoak.com.au/terms-of-use-privacy-policy
- or by calling us on 1800 128 268.

We collect your personal information (which may include sensitive information such as health information) when they and/or the Plan Owner are applying for or changing an insurance plan with us, or when we are processing a claim, in order to help us properly administer your insurance application, plan or claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may also disclose your personal information to third parties, including service providers engaged by us to carry out certain business activities on our behalf, other companies within our group of companies, other insurers, our reinsurers, medical and health practitioners, government agencies and regulators (where we are required to by law), law enforcement bodies and agents and/or representatives of persons covered under our plans. Some of these third parties may be located outside Australia. Lists of countries in which recipients of your information are likely to be located are available in the privacy policies on our respective websites.

In all instances where personal information may be disclosed to third parties who may be located overseas, in addition to any local data privacy laws to which those entities are subject, we have measures in place to ensure that those parties hold and use such information in accordance with the consent provided by you and in accordance with our obligations under the Privacy Act. In dealing with us, you agree to us using and disclosing your personal information as set out in this section and in our respective privacy policies. This consent remains valid unless you alter or revoke it by giving written notice to our respective privacy officers. However, should you choose to withdraw your consent, it is important for you to understand that this may mean we may not be able to provide you with this insurance or respond to any claim.

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**,
or email avantlifeclaims@avant.org.au or contact us on **1800 128 268**.