

Life Insurance Initial claim form for Litigation Support Benefit



Insurer: Avant Insurance Limited ABN 82 003 707 471 AFSL No. 238765 (Avant)

Office use only

Avant plan number(s): _____

Litigation Support Benefit (IP – LSB)

Who is to complete this form?

Sections 1 – 5 of this form are to be completed by the *insured person*, being the individual insured under an Avant Life insurance policy, with Income Protection Cover and Litigation Support Benefit.

Section 6 of this form is to be completed by the plan owner, being the owner of that Avant Life insurance policy.

How to complete this form?

Please read the PDS before completing this claim form.

Please complete this form and email a copy back to us at avantlifeclaims@avant.org.au

If you need additional space to answer any of the questions or if you want to provide additional information in relation to your claim, there is additional space on page 2 of this form. Please refer to the question you are answering (if applicable).

Questions?

Avant is here to support you in any way we can. If you have any questions in relation to this form or your claim, please contact us on 1800 128 268 or email us at avantlifeclaims@avant.org.au

1. Your personal details

Full name			
Date of birth		Mobile	
Telephone (Home)		Telephone (Business)	
Email address			
Occupation			
Medical specialty			
Residential address			
Member number			

2. Your Avant Life Insurance policy details

Avant Life Insurance Policy number (Income Protection Cover)		Date of cover commencement	
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3. Your Indemnity policy details

Type of medical indemnity policy you hold	<input type="checkbox"/> Practitioner Indemnity Insurance Policy (PIIP)	<input type="checkbox"/> Intern Indemnity Insurance Policy (IIIP)
Claim number (PIIP or IIIP)		

4. Income for the past three years

Time period	Income (net of eligible business expenses)	Superannuation	Other benefits/ addbacks*	Tax return period (e.g. 2019/2020)	
Most recent financial year's income					
12 consecutive months prior to period above					
24 consecutive months prior to period above					
Highest 12 consecutive months income in last 3 years				From	
				To	

***Addbacks:** Are any salary, wages, director fees or superannuation paid to yourself, motor vehicle expenses relating to your personal use or depreciation costs if these costs were included as part of your eligible business expenses.

Note: Only income derived from your personal exertion. Do not include other forms of income such as investment income, dividends or interest earned.

5. Additional information

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

Declaration and authorities

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

Declaration

- 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 the claim.
- I understand and agree that if I make any false or fraudulent statements in this claim, NobleOak may be entitled to reject this claim and/or cancel my cover and/or to avoid the cover or the Plan altogether.
- I declare that I have read and understood the Privacy Statement which follows the Declaration and the Authorities below and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy Statement.
- I consent to NobleOak and its representatives to use my 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.

Name of Insured person	
Signature of Insured person	Date (DD/MM/YYYY)

Privacy statement

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

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 you 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.

Section 6 is to be completed by the **Plan Owner**.

6. Benefit payment

Direct credit details

Please provide the bank account details where you would like any claim funds payable to be deposited into.

Name of financial institution	Account name
BSB number	Account number

Name of Plan Owner	
Signature of Plan Owner	Date (DD/MM/YYYY)

Avant Life Insurance products are issued by NobleOak Life Limited ABN 85 087 648 708 AFSL 247302 (NobleOak). All general insurance is issued by Avant Insurance Limited ACN 003 707 471 AFSL 238765 (Avant). Avant Life Insurance is a registered business name of Doctors Financial Services Pty Ltd ABN 56 610 510328 (DFS). DFS provides administration services on behalf of NobleOak in respect of life risk insurance policies issued by NobleOak and administration services on behalf of Avant in respect of general insurance policies issued by Avant. Cover is subject to terms, conditions and exclusions of the relevant plan. MJN572 01/22 (BP-18)