



MTA Loan Protection Insurance Death Cover Claim Form



This form is issued by
Suncorp Life & Superannuation Limited
ABN 87 073 979 530 AFSL 229880

We want to make the claims process as easy as possible. With this in mind we ask you to remember the following things when you are completing the claim form. This will help speed up the assessment of your claim.

- Please note there are 5 sections of this claim form. Please ensure all sections are fully completed. An incomplete claim form may delay the assessment of the claim.
- If there is not enough space please complete the 'Other Comments' section. Please ensure that you note the question number to which the information relates.
- Please note that the medical authority in section 5 must only be completed by the legal personal representative of the deceased's Estate.

Please note that issuing this claim form is not an admission of liability. If you have any questions or need assistance with the completion of this form please call us on 1800 634 294.

Insured Person Details			
Policy Number			
<input type="text"/>			
Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			<input type="text"/>
			State
			Postcode
<input type="text"/>			<input type="text"/>
Occupation	Date of Birth		Date of Death
<input type="text"/>	<input type="text"/>		<input type="text"/>
Cause of Death			
<input type="text"/>			
If the cause of death was an accident, please describe the circumstances which led to the death of the insured person.			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Your Details

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		<input type="text"/>
Date of Birth	Contact Telephone Numbers	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> Phone number	<input type="text"/> Mobile number
Email Address		
<input type="text"/>		
Did deceased leave a Will? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, who are the Executors? <input type="text"/>		
Has Probate been granted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no Will, are Letters of Administration being applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, by whom? <input type="text"/>		
Other comments (please use this space if required)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

Claim requirements

Please return this claim form with the following documents (if not already provided):

- A certified copy of the deceased's Death Certificate.
- A certified copy of the deceased's Birth Certificate and any change of name documents (e.g. marriage certificate). If you do not have a Birth Certificate please provide a certified copy of the deceased's driver's licence or passport.
- A certified copy of the deceased's Will to confirm the executor/executrix of the Estate.
- A certified copy of your proof of identification (not required if you are the legal personal representative appointed to administer the Estate).

Declaration

I declare that the answers and statements made on this claim form are true and complete. I have not made any false or misleading statements. If any of the answers are not in my handwriting I certify that I have checked them and they are correct.

I confirm that, before or at the time I provided any personal information, I have read and understood the Privacy Statement which has been provided to me with this form. The Statement is also available on the web site at www.suncorp.com.au/privacy. I consent to the Suncorp Life & Superannuation Limited ABN 87 073 979 530, AFSL 229880 (Suncorp) collecting, using and disclosing my personal information, including sensitive information, in accordance with the Statement, including for the purpose of assessing my claim.

I hereby declare that I am over 18 years of age and that I am legally entitled to claim the proceeds of the said policy/ies, in my capacity as

of the deceased, and hereby undertake to indemnify Suncorp against any loss it may incur in paying the proceeds of the policy.

I understand:

- the information requested is required to enable Suncorp to assess and manage the claim in accordance with the terms and conditions of the policy and any costs associated with the completion of the claim form will be payable by me;
- that if I do not give the information requested throughout this form, my claim may not be investigated or assessed and therefore the claim may not be payable.

* state here in which capacity you claim (e.g. legal personal representative of the Estate)

Your signature Date / /

Medical authority

This section must only be completed by the executor/executrix or legal personal representative of the deceased's Estate.

Policy Number

Name of deceased

Date of Birth

In my capacity as

*

of the deceased:

I hereby authorise any hospital or physician or any other person who has attended the deceased, to provide to Suncorp Life & Superannuation Limited (ABN 87 073 979 530) or its representatives, all information with respect to any illness or injury, medical history, consultations, prescriptions or treatments and copies of all hospital medical records and clinical notes. I agree that a copy of this Medical Authority shall be considered as effective and valid as the original.

*state here in which capacity you claim (e.g. as executor/executrix or legal personal representative of the Estate)

Your signature

Date

/ /

Name of person providing authority

Please return this form and documentation to:

AAI Limited
IPC 4CI231
PO Box 1453
Brisbane QLD 4001

If you have any queries, please call us on 1800 634 294.

How to contact us:

Mail: PO Box 1453
IPC: 4CI231
Brisbane QLD 4001

Phone: 1800 634 294

Fax: (07) 3031 2862

Email: enquiries@mtai.com.au

Web: www.mtai.com.au