

LIFESTYLE EVENT CLAIM FORM

Please complete this claim form and return to:

The Claims Department
St Andrew's Australia
PO Box 7395
Cloisters Square 6850

If you have any queries regarding your claim you can contact St Andrew's on
Ph: 1300 653 751 or fax 1300 552 695 or email: claims@standrews.com.au.

IMPORTANT INFORMATION

1. The issue of this claim form is not an admission of liability
2. It is a condition of your policy that you provide a fully completed claim form as quickly as possible (within 120 days of the claim commencement date). A delay in submitting this form may prejudice your entitlement to a claim.
3. Please ensure that all questions are fully answered to avoid any delay in the handling of your claim.
4. If you do not complete all relevant sections of your claim form we may have to return it to you to be fully completed and your claim may be delayed.
5. It may be necessary during the period of your claim for a company representative to call you.
6. It is important that you notify us of any change in circumstances during your claim at the earliest opportunity.
7. If there is not enough room within the form to provide your responses please attach any documentation/word document that will aid us in assessing your claim.

LIFESTYLE EVENT CLAIM FORM

Insured to complete

Details of Insured

1.	Claim Number(s)	<input type="text"/>
2.	Date of Birth (dd/mm/yy):	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
3.	Surname:	<input type="text"/>
4.	First Names:	<input type="text"/>
5.	Residential Address:	<input type="text"/>
	Suburb/Town:	<input type="text"/>
6.	Phone:	Home: <input type="text"/> Mobile: <input type="text"/>
7.	Email:	<input type="text"/>

Lifestyle Event Details

Please indicate which lifestyle event your claim relates to and provide the necessary evidence to support your claim.

Marriage: Yes No

If yes, please provide a certified copy of your Marriage Certificate

Birth of Child or Adoption of Child: Yes No

If yes, please provide either

- a) certified copy of the child's birth certificate
- b) certified copy of the adoption papers

Purchase of property: Yes No

If yes, please provide either

- a) certified copy of the sale agreement
- b) certified copy of the loan documentation

Additional Information

a) Are you entitled to claim an Input Tax Credit on this policy? Yes No

b) If yes, please provide your Input Tax Credit Entitlement %

Privacy Policy Statement

We collect your personal information so that we can process your claim, identify you for inquiries, concerns and complaints you may have, deal with any requests you may make, tell you about products and services offered by us or our affiliate companies and conduct customer satisfaction surveys to improve our products and services. With respect to your claim, we may need to collect sensitive information related to your health. Without your information we will not be able to process your claim.

If you provide us with personal information about someone else, you should ensure that you are authorised to do so and agree to inform that person of the contents of the notice.

We exchange your personal information with organisations in the normal operations of our business, for example, with our related companies and agents, coinsurers, reinsurers and with service providers (such as professional advisors, IT support and mailing houses). In relation to your claim, your information may also be exchanged with other parties including ex-employers, government agencies, financiers, your insurers, underwriters, claims investigators, other insurance companies, lawyers, recovery agents, hospitals, doctors, medical specialists or other health professionals and any party nominated by you. We may also disclose your personal information overseas to countries in certain circumstances that are likely to include India and USA.

By providing this information you consent to us:

1. collecting, using and disclosing information about you in the manner described above; and
2. (unless you opt out) using your personal information to identify and provide you with information about products and services you may be interested in.

Our Privacy Policy, a copy of which can be found at www.standrews.com.au, sets out how you can access and correct information we hold about you, how you can complain about a breach by us of your privacy rights and how your complaint will be handled. It also contains a more comprehensive list of countries to which your information may be disclosed and will be updated regularly.

You may contact our Privacy Officer in relation to your personal information (or to opt out of marketing) on 1300 363 159 or standrews@standrews.com.au.

Declaration

I declare that the information contained in this statement is true, complete and correct in every detail. I understand that if I do not give full particulars or if I provide incorrect information, my rights to obtain benefits under the policy may be prejudiced. I understand that any claim payment is paid to my Credit Card Issuer and applied to my Credit Card Agreement.

Signature of Insured Date (dd/mm/yy)

Name of Insured

Checklist – Please ensure all the relevant sections are attached.
Appropriate proofs attached with claim form.