

# MAKING A LIFE CLAIM GUIDELINES

## THANK YOU FOR CONTACTING CGU INSURANCE

**You must have access to a printer in order to access this form. If you do not have access to a printer please contact our office on 1800 248 224 (1800 CGU CCI) and one will be sent.**

## HOW TO COMPLETE THE LIFE CLAIM FORM

The claim form must be completed in full. An incomplete form may cause delay in the assessment of the claim.

Please ensure:

- the first box on the front page and the first box on the back of the life claim form is completed
- the life claim form is signed and dated
- the Regular Medical Attendant's statement has been completed by the deceased's treating Doctor
- the claim estimate and certificate has been completed by the relevant financial institution.

## OTHER USEFUL INFORMATION

**It is important that all questions are correctly and fully answered by the Next of Kin /Estate.**

This will enable CGU Insurance to proceed with the processing of the claim; delays could occur if insufficient information is supplied.

**A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED TO THE CLAIM FORM.**

## THIRD PERSON AUTHORITY TO ENQUIRE

If you wish to provide authority for another person to discuss the claim on your behalf, please complete the attached authorisation and return with your completed claim form.

**Please send all completed claim forms to one of the following:**

Fax: 1800 032 535  
Email: cciclaims@cgu.com.au  
Post: GPO Box 2177  
Melbourne VIC 3001





All questions must be answered. Please print and indicate ✓ where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.

### Important note

A certified copy of the complete Death Certificate must accompany this Claim Form. On accident cases, a copy of the Coroner's Statement may be sent as Proof of Death.

## Details of insured person and loan agreement

Name of Insured Person		Date of birth	Age at Death
<input type="text"/>		DD / MM / YY	<input type="text"/>
Address			
<input type="text"/>			Postcode <input type="text"/>
Name of Lender		Policy No	
<input type="text"/>		<input type="text"/>	
Date of Commencement of Loan Agreement	Account No.	Date of Death	
DD / MM / YY	<input type="text"/>	DD / MM / YY	
Type of Policy	Original Amount Insured		
<input type="text"/>	\$ <input type="text"/>		

## Claim estimate

- Number of Months Expired (Determined by difference between date of commencement of finance agreement and date of death.)
- Number of Insured Months Remaining (Determined by difference between Original Term of Contract and number of months expired from 1. above).
- Balance at Date of Death (Including interest)

Is the loan in arrears?	Arrears amount	Is the loan in advance?	Advance amount
No <input type="checkbox"/> Yes <input type="checkbox"/>	\$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$ <input type="text"/>

## Certificate

I hereby certify that the answers above are correct and true to the best of my knowledge and I have not withheld any relevant information.

Name of Lender	Telephone no.	
<input type="text"/>	<input type="text"/>	
Signature of Manager	Print name	Date
<input type="text"/>	<input type="text"/>	DD / MM / YY

CGU Insurance is a member of the insurance industry's independent Australian Financial Complaints Authority (AFCA). This Service is provided to the public at no cost and aims to resolve claims complaints quickly and informally if CGU Insurance is unable to resolve your complaint. You should first take your complaint up with CGU. In most cases, the problem will be resolved easily. If you are not satisfied with the outcome you may contact the Australian Financial Complaints Authority in your state for advice and assistance in resolving your claim.

**AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY toll free telephone number: 1800 931 678.**

**Certificate of Identity overleaf must be completed for ALL claims including claims under Group Life Policies**

This form must be completed and submitted with a copy of the Death Certificate

### Declaration of identity of deceased by next of kin

Name of Deceased

Date of birth

Age

Address

Postcode

1. State your relationship to deceased

2. What was his/her occupation?

3. Date of Death

Place of Death

Cause of Death

4. Name of deceased's regular doctor?

Since when?

Doctor's Address

Postcode

Did the deceased ever consult a specialist?

No  Yes  When?

I believe that the deceased is the same person as the Life Insured under a Policy issued by CGU Insurance (CGU) and, to the extent permitted by law, I authorise any hospital, institution or medical practitioner who has treated or examined the deceased to provide CGU with any medical information it may request. I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this claim.

Signed

Please print name

Date

Address

Postcode

Telephone no.

### Regular Medical Attendant's statement — must be completed

Are you the deceased's usual medical attendant?

No  Yes  Since when?

Cause of Death

Date of first treatment

Onset of symptoms

Signature of MEDICAL PRACTITIONER

Print name

Date

Qualifications

Address of practice

Postcode

Insurance Australia Limited ABN 11 000 016 722 trading as CGU Insurance

GPO BOX 2177 Melbourne VIC 3001 t 1800 CGU CCI (1800 248 224) f 1800 032 535 e [cciclaims@cgu.com.au](mailto:cciclaims@cgu.com.au)

# THIRD PERSON AUTHORITY TO MAKE AND RECEIVE CLAIMS ENQUIRIES IN RELATION TO THE CLAIM

If you (the Next of Kin/Estate) wish to provide authority for another person to discuss the claim on your behalf, please complete the following authorisation and return with your completed claim form.

I, \_\_\_\_\_ (name)

of \_\_\_\_\_ (address),

freely give permission for:

Name: \_\_\_\_\_

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

Contact Ph. No: \_\_\_\_\_

To contact and be contacted by CGU Insurance to discuss information relating to and about the Life claim.

I know that I may request a copy of this authorisation. I agree that a copy of this authorisation shall be as valid as the original.

I understand that this authorisation shall be valid until the claim is processed and finalised, and that I have a right to revoke this authorisation by written notification to CGU Insurance.

Signed by \_\_\_\_\_

Print name \_\_\_\_\_ Dated \_\_\_\_\_

Witness signature \_\_\_\_\_

Print name \_\_\_\_\_ Dated \_\_\_\_\_

