ATC INSURANCE SOLUTIONS

Protect

CLAIM FORM

Accidental Death

EXTF069

Call ATC for assistance on 1800 994 694

1. All questions are to be answered by the claimant (the person lodging the claim).

2. Attach a copy of the following:
   – Probate or Letters of Administration
   – Death Certificate
   – Medical Reports
   – Coroner's Report (if applicable)
   – Police Report (if applicable).

3. Keep a copy of the completed claim form and attachments for your records.

4. Send, or fax, or scan and email, or deliver your completed form in person to:
   ATC Insurance Solutions Pty Ltd,
   Post: Level 4, 451 Little Bourke Street, Melbourne Vic 3000
   Fax: (03) 9867 5540
   Email: info@atcis.com.au

ATC Insurance Solutions Pty Ltd (ABN 25 121 360 978 AFSL 305802) is acting under the authority of the underwriters and will handle this claim as agent of the underwriters and not the claimant.

ATC Insurance Solutions Pty. Ltd. Telephone 1800 994 694 (ATC Claims) Fax (03) 9867 5540 Email info@atcis.com.au Web www.atcis.com.au

Claimant's Statement

Claimant's Details

Title _____Surname _____ Given name/s _____

Address _____

Suburb_____ State_____ Postcode_____

Home Telephone_____ Work Telephone_____

Mobile_____ Email _____

Date of birth _____/_____/_____ Sex Male ◯ Female ◯

Deceased's details

Title _____Surname _____ Given name/s _____

Address _____

Suburb_____ State_____ Postcode_____

Date of birth _____/_____/_____ Date of death _____/_____/_____ Sex Male ◯ Female ◯

Name of employer (if known) _____

Length of employment Years_____ Months_____

Union member? Yes ◯ No ◯ Name of union_____ Membership no._____

Claimant's relationship to the deceased

Spouse: Yes ◯ No ◯ De facto: Yes ◯ No ◯ Parent: Yes ◯ No ◯ Child: Yes ◯ No ◯

Other (please specify) _____

How long have you lived at the same address (if married or de facto) _____

Did the deceased have any financial dependants? Yes ◯ No ◯

Accident details

Date of accident_____/_____/_____ Time_____ am_____ pm_____

How did the accident occur ?_____

_____

Where did the accident occur? (if known) _____

_____

Was the accident work related? (if known) Yes ◯ No ◯

If Yes, has a workers' compensation claim been made? Yes ◯ No ◯

If Yes please advise the name and contact details of the workers' compensation insurer, including its claim number_____

_____

Electronic Funds Transfer

If your claim is approved, your claim benefits will be transferred directly to your bank account. Please provide your account details:

Bank Name:_____ Bank Branch:_____

Account Name:_____ BSB:_____ Account No._____

ATC Insurance Solutions Pty. Ltd. Telephone 1800 994 694 (ATC Claims) Fax (03) 9867 5540 Email info@atcis.com.au Web www.atcis.com.au

Medical Authority

I hereby authorise any hospital, physician, insurer, Medicare Australia, employer or other person who has attended the deceased to furnish to ATC Insurance Solutions Pty Ltd or its representatives any and all information with respect to any injury or sickness, medical history, consultation, prescription or treatment and copies of all medical records. I also authorise any and all information regarding workers compensation claims or claims with any other insurer to be released to ATC Insurance Solutions Pty Ltd.

I agree that a photocopy or fax copy of this authorisation shall be considered as effective and valid as the original.

Privacy Act

In this statement "we", "us" and "our" means Lloyd's and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the Privacy Amendment *(Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1700 or write to us at the address given on page 1.

Declaration

I do solemnly and sincerely declare that the above particulars are true and correct in every detail and I agree that if I have made, or in any further declaration in respect of the claim make, any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the cover shall be void and all rights with respect to this claim and any future claims shall be forfeited.

Signature _____ Date: _____/_____/_____

Name of claimant _____

ATC Insurance Solutions Pty. Ltd. Telephone 1800 994 694 (ATC Claims) Fax (03) 9867 5540 Email info@atcis.com.au Web www.atcis.com.au