

Accidental Death claim



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4108, Sydney NSW 2001 or accidentandhealth@QBE.com

Certificate/Policy No. (of deceased)

Company Name.

Deceased Person Details

First name				Surname			
Address Note: we do not accept post office boxes							
	Suburb				State		Postcode
Date of Birth (dd/mm/yyyy)				Occupation			

The person who is completing this claim forms Details

First name				Surname			
Contact Numbers	Home				Work		
	Mobile				Email		
Address Note: we do not accept post office boxes							
	Suburb				State		Postcode
What is your relationship to the deceased? (Please tick)							
<input type="checkbox"/> Spouse		<input type="checkbox"/> Defacto Spouse		<input type="checkbox"/> Son or daughter		<input type="checkbox"/> Solicitor acting on behalf of the estate	
<input type="checkbox"/> Sibling		<input type="checkbox"/> Employer		<input type="checkbox"/> Executor of the state			

Accident Details

1. Date of Accident				Time:		AM	PM
2. Were there any witnesses				No	Yes		
3. Details of person who witnessed the accident?	Name				Telephone		
	Address						
		Suburb				State	
4. How did the accident occur?							
5. Where did the accident occur?	Street					Suburb	
	Nearest cross street						
6. The injuries sustained/the cause of death insofar as this is known?							

Please give the full name and address of the Insured Person's General Practitioner

First name				Surname		
Address Note: we do not accept post office boxes						
	Suburb			State		Postcode
Date of Birth (dd/mm/yyyy)			Occupation			
Is there a Police report? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please supply a copy of the report.						

Please give the full name and address of the Coroner who will be conducting the inquest:

First name				Surname		
Address Note: we do not accept post office boxes						
	Suburb			State		Postcode
Please provide the planned date the inquest will be held: (dd/mm/yyyy)						

Documentation

1. Please attach a certified copy of the Death Certificate.
2. Please attach a certified copy of the Birth Certificate.
3. If death was reported to the Coroner, please attach a copy of the report.
4. Employer confirmation of the Deceased's Gross Annual salary with last group certificate.
5. Do you have copies of any other documentation relating to the death, such as copies of police reports, accident reports, report by workers compensation investigators or insurers, or any other such authority? No Yes If Yes, please supply a copy of the report.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise QBE to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Medical Authority: I authorise any hospital, physician or other person who attended me, to give QBE or its representative any or all information with respect to any illness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I also agree that copies of all employer records including verification of earnings can be provided.

A photocopy of this authorisation will be considered as effective and valid as the original.

Signature of Insured 1.	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Signature of Insured 2.	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>