LIFESTYLE PROTECTION INSURANCE
TERMINAL ILLNESS CLAIM FORM

MARAC INSURANCE LIMITED

MARAC Insurance, Box 9919, Newmarket, Auckland 1031. Ph 0800 45 10 10 Fax 09-539 9781

PERSONAL DETAILS - INSURED

Mr/Mrs/Miss/Ms/Dr (please circle) First Names Surname

Address

Suburb City Postcode

Phone No. (hm) Phone No. (wk) Phone No. (mobile)

Email address Date of Birth / /

Nominee

Postal address

ILLNESS DETAILS

Name of General Practitioner Phone No. (wk)

Address

Suburb City Postcode

Name of Consultant/Surgeon Phone No. (wk)

Address

Suburb City Postcode

Date of Original Diagnosis: / /

Brief details of ongoing treatment

Please attach a copy of the medical certificate relating to the Insured's illness or arrange for the attached Medical Report to be completed and lodged with this claim.

Policy No.

Claim No.

INSURED SIGNATURE

Signed

Date / /

ABOUT PROTECTING YOUR PRIVACY

This claim collects personal information about you to evaluate the claim you are making.
The recipient and holder of the information is MARAC Insurance Limited, MARAC House, Cnr Gillies Avenue & Teed Street, Newmarket, Auckland. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory. The failure to provide this information may result in your claim being declined or your insurance being void.
You have right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DECLARATION

I/we declare that

- The statements contained in this claim are true, and I/we have not suppressed or misstated any facts that are relevant to this claim;
- All my/our rights to proceeds under this policy firstly to any outstandings to MARAC Insurance Limited or related companies and then to my/our nominee.