## LIFESTYLE PROTECTION INSURANCE **DEATH CLAIM FORM**



MARAC Insurance, Box 9919, Newmarket, Auckland 1149. Ph 0800 45 10 10 Fax 09 927 9318

Executor/administrator of the deceased		
Mr/Mrs/Miss/Ms/Dr (please circle) First Names	Surname	
Residential Address		
Suburb	City	Postcode
Contact Address (if different)		
Suburb	City	Postcode
Phone No. (hm) Phone No. (wk)	Phone No. (mobi	le)
Personal Details - INSURED		
Mr/Mrs/Miss/Ms/Dr (please circle) First Names	Surname	
Address		
Suburb	City	Postcode
Cause of Death	Date of Birth / /	
Was death a result of an accident? Yes No	Date of Death / /	
Place of Death		
Name of Usual Medical Practitioner	Phone No. (wk)	
Address		
Suburb	City	Postcode
Please attach a copy of the Customer's Death Certificate and a copy of t	heir Birth Certificate	
Proceeds of Claim		
Please confirm (tick a box) where you would like the claim proceeds (if acc	repted) to be paid:	
Pay the full claim onto my MARAC loan		
Pay the full claim into the following bank account		
Pay the full claim to another finance company named here:		
	About protecting your privacy	
Deliev Ne	This claim collects personal information about claim being made.	the insured to evaluate the
	The recipient and holder of the information is N 35 Teed Street, Newmarket, Auckland 1023. The	e collection of this information
	is required pursuant to the common law duty t relevant to the claim and is mandatory. The fail may result in your claim being declined or your	ure to provide this information
	You have right of access to, and correction of, provisions of the Privacy Act 2020.	this information subject to the

-	Signed
LI N	
7	Date
<u>&gt;</u>	

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Declaration  ${\sf I}/{\sf we}$  declare that the statements contained in this claim are true, and  ${\sf I}/{\sf we}$  have not suppressed or misstated any facts that are relevant to this claim.