

Insurer: Swann Insurance (NZ) Limited. A wholly owned subsidiary of IAG New Zealand Limited.

**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.**

PLEASE "PRINT"

details of insured person and loan agreement

| | | |
|--|------------------------------|--|
| NAME OF LENDER | | POLICY NO. |
| <input type="text"/> | | <input type="text"/> |
| ADDRESS | | POSTCODE |
| <input type="text"/> | | <input type="text"/> |
| NAME OF INSURED PERSON | | AGE AT DEATH |
| <input type="text"/> | | <input type="text"/> |
| DATE OF COMMENCEMENT OF LOAN AGREEMENT | INSURED'S ACCOUNT NO. | DATE OF DEATH |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| TYPE OF POLICY | ORIGINAL AMOUNT INSURED | ORIGINAL TERM OF CONTRACT |
| <input type="text"/> | \$ <input type="text"/> | <input type="text"/> |
| IS THERE AN UNEMPLOYMENT / DISABLEMENT CLAIM PENDING? | | |
| NO <input type="checkbox"/> | YES <input type="checkbox"/> | IF YES, NAME OF INSURER |
| <input type="text"/> | | |

claim estimate

| | | |
|--|---|-------------------------|
| 1. NUMBER OF MONTHS EXPIRED | DETERMINED BY DIFFERENCE BETWEEN DATE OF COMMENCEMENT OF FINANCE AGREEMENT AND DATE OF DEATH. | |
| <input type="text"/> | | |
| 2. NUMBER OF INSURED MONTHS REMAINING | DETERMINED BY DIFFERENCE BETWEEN ORIGINAL TERM OF CONTRACT AND NUMBER OF MONTHS EXPIRED FROM 1 ABOVE. | |
| <input type="text"/> | | |
| 3. (i) BALANCE AT DATE OF DEATH (INCLUDING INTEREST) | | \$ <input type="text"/> |
| IF APPLICABLE: | | |
| (ii) LESS REBATE OF UNEARNED INTEREST | \$ <input type="text"/> | |
| IF APPLICABLE: | | |
| (iii) LESS ARREARS (61 DAYS AND OVER) | \$ <input type="text"/> | |
| | SUB TOTAL | \$ <input type="text"/> |
| (iv) CALCULATED CLAIM ESTIMATE | | \$ <input type="text"/> |

certificate

I HEREBY CERTIFY THAT THE ANSWERS ABOVE ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

| | | |
|----------------------|----------------------|--|
| NAME OF LENDER | MANAGER'S SIGNATURE | DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

To Whom It May Concern

Swann Insurance is a member of the insurance industry's impartial Insurance and Savings Ombudsman Scheme. This independent service is provided to the insuring public at no cost and aims to resolve claims quickly and informally.

Should you have a complaint, please take it up first with our Swann office. In most cases the problem will be resolved easily.

If you are not satisfied with the outcome, you may contact the Insurance and Savings Ombudsman Scheme for advice and assistance in resolving your claim.

Telephone numbers are: 04 499 7612 or Toll Free 0800 888 202.

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 death claim

certificate of identity of deceased by next of kin

NAME OF DECEASED

AGE

YEARS

ADDRESS

1. STATE 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?

DATE SINCE WHEN

ADDRESS

DID THE DECEASED EVER CONSULT A SPECIALIST?

IF SO, WHEN?

NO

YES

I believe that the Deceased is the same person as the Life Insured under a Policy issued by Swann on behalf of the life insurer and I authorise any hospital, institution or medical practitioner who has treated or examined the deceased to provide Swann Insurance (NZ) Limited with any medical information it may request.

DATE

SIGNATURE

PLEASE PRINT NAME

ADDRESS

regular medical attendant's statement - must be completed

WERE YOU THE DECEASED'S USUAL MEDICAL ATTENDANT?

HOW LONG HAD YOU KNOWN THE DECEASED?

DATE SINCE WHEN

NO

YES

YEARS

CAUSE OF DEATH

DATE OF FIRST TREATMENT

ONSET OF SYMPTOMS

SIGNATURE OF MEDICAL PRACTITIONER

DATE

QUALIFICATIONS

TELEPHONE

ADDRESS OF PRACTICE

POSTCODE

Please return to address below

**Swann Insurance (NZ) Limited. PO Box 68-200, Newton, Auckland.
Level 13, IAG Building, 151 Queen Street, Auckland.
Telephone 09 373 0500, Facsimilie 09 302 0805.**