

# LIFESTYLE EVENT CLAIM FORM

Please complete this claim form and return to:

The Claims Department  
St Andrew's Australia  
PO Box 7395  
Cloisters Square 6850

If you have any queries regarding your claim you can contact St Andrew's on  
Ph: 1300 653 751 or fax 1300 552 695 or email: [claims@standrews.com.au](mailto:claims@standrews.com.au).

#### IMPORTANT INFORMATION

1. The issue of this claim form is not an admission of liability
2. It is a condition of your policy that you provide a fully completed claim form as quickly as possible (within 120 days of the claim commencement date). A delay in submitting this form may prejudice your entitlement to a claim.
3. Please ensure that all questions are fully answered to avoid any delay in the handling of your claim.
4. If you do not complete all relevant sections of your claim form we may have to return it to you to be fully completed and your claim may be delayed.
5. It may be necessary during the period of your claim for a company representative to call you.
6. It is important that you notify us of any change in circumstances during your claim at the earliest opportunity.
7. If there is not enough room within the form to provide your responses please attach any documentation/word document that will aid us in assessing your claim.

## LIFESTYLE EVENT CLAIM FORM

Insured to complete

### Details of Insured

1. Claim Number(s)

2. Date of Birth (dd/mm/yy):  /  /

3. Surname:

4. First Names:

5. Residential Address:

Suburb/Town:

6. Phone: Home:  Mobile:

7. Email:

### Lifestyle Event Details

Please indicate which lifestyle event your claim relates to and provide the necessary evidence to support your claim.

**Marriage:** ..... Yes  No

If yes, please provide a certified copy of your Marriage Certificate

**Birth of Child or Adoption of Child:** ..... Yes  No

If yes, please provide either

- a) certified copy of the child's birth certificate
- b) certified copy of the adoption papers

**Purchase of property:** ..... Yes  No

If yes, please provide either

- a) certified copy of the sale agreement
- b) certified copy of the loan documentation

#### Additional Information

a) Are you entitled to claim an Input Tax Credit on this policy? ..... Yes  No

b) If yes, please provide your Input Tax Credit Entitlement .....  %

### Privacy Policy Statement

We collect your personal information so that we can process your claim, identify you for inquiries you may have, and tell you about our products and services. With respect to your claim, we will need to collect sensitive information related to your health.

By providing your information, you consent to us:

1. collecting, using and disclosing your information in accordance with our Privacy Policy; and
2. disclosing your information to third parties (such as insurers, medical professionals and ex-employers) in relation to your claim.

Our Privacy Policy can be found at [www.standrews.com.au](http://www.standrews.com.au), and describes how we deal with your personal information. Please refer to our Privacy Policy for how you can access and correct your information, and for our complaints procedure.

You may contact our Privacy Officer on 1300 363 159 or [standrews@standrews.com.au](mailto:standrews@standrews.com.au) during normal business hours (and to opt-out of marketing). If you provide us with personal information about someone else, please ensure you have their consent to do so.

**Declaration**

I declare that the information contained in this statement is true, complete and correct in every detail. I understand that if I do not give full particulars or if I provide incorrect information, my rights to obtain benefits under the policy may be prejudiced. I understand that any claim payment is paid to my Credit Card Issuer and applied to my Credit Card Agreement.

Signature of Insured  Date (dd/mm/yy)

Name of Insured

Checklist – Please ensure all the relevant sections are attached.  
Appropriate proofs attached with claim form.