



ZURICH®

Claim declaration and authority

Claim Reference Number



I, (name of life insured)

Date of birth / /

have lodged a claim under Policy number(s)

I hereby authorise Zurich to provide my personal information (which may include sensitive or health information) to any physician, hospital or any other health care provider that has attended or examined me in order for them to supply Zurich with full particulars of my medical history, including copies of all hospital or medical records, referral letters, reports and details of any clinical notes that have been made.

Information may be required from any insurer or government department with whom I may have held or currently hold a policy that provides benefits in the event of death, sickness and/or injury. This may include Workers' Compensation and Third Party Insurers, Centrelink, Department of Veteran Affairs and similar benefit providers. Information may also be required from my adviser, any medical professional, medical or healthcare facility operator, private health insurers, claims reference providers, Government department, legal or accounting firm, auditor, past and present employer or reinsurer. I authorise Zurich to disclose and collect and the third party to release to Zurich or their representative any information they may hold about me.

I hereby authorise Zurich to provide my personal information (which may include sensitive or health information) to any claims assessor, investigator, medical professional, medical or healthcare facility operator, private health insurers, insurance reference service, credit reference service, legal or accounting firm, auditor, consultant or reinsurer for the purposes of providing a report concerning my claim. I consent to these third parties collecting information about me and releasing to Zurich their report and any information they may hold about me.

I understand and agree that if I do not give information requested by Zurich or its representative that Zurich may not be able to assess, investigate or pay my claim.

I authorise Zurich to provide personal information (which may include sensitive information) regarding my claim to my life insurance adviser.

A photocopy of this authority shall be as valid as the original.

Name of life insured

Signature of life insured	Date
X	/ /

Name of witness

Signature of witness	Date
X	/ /