

If you are receiving job search allowance or unemployment benefits please complete the following.

This is to certify that (Full Name)

Of (address)

Was registered as being unemployed on (date) / / . Allowance benefit of \$ Per (week/fortnight),

Was granted from (date) / / . And have been paid to (date) / / .

Signature of Authorised Officer: Branch Stamp: Date: / /

If you are not receiving job search allowance/unemployment benefits, please advise the reason why.

Is there an Involuntary Unemployment claim pending? Yes No

If yes, please provide details of the Insurer

PLEASE PROVIDE DOCUMENTATION THAT SUPPORTS YOUR INVOLUNTARY UNEMPLOYMENT CLAIM

SECTION 3: DISABLEMENT BENEFIT

Description of Disablement:

Date which Disablement first manifested itself: / /

Describe the circumstances leading up to your injury, or the nature of the symptoms of your illness:

When did you first consult a health care professional about the injury or illness?: / /

Were you hospitalised? Yes No

Name of Doctor or hospital at time of injury or illness:

Address: Postcode:

Phone:

Name of usual medical doctor (if different from above): Time as patient:

Address: Postcode:

Please provide the names, addresses and contact telephone numbers of any other doctors, hospitals or medical professionals, who treated you or who were consulted in relation to your injury or illness.

Name: Phone:

Address: Postcode:

SECTION 3: DISABLEMENT BENEFIT (continued)

Name: _____ Phone: _____

Address: _____

Postcode: _____

Are you claiming for workers compensation? Yes No

If yes, what is the name of the insurer?: _____ Phone: _____

Address: _____ Postcode: _____

Was the Disablement a result of a motor vehicle accident? Yes No

If yes, did the police attend?: Yes, please provide a Police Report No

When did you return to work?: / / Or When do you expect to return to work: / /

Details of any prescribed drugs or medication in the past 5 years

Are you currently receiving any treatment or on any regular medication for any condition? Yes No

If yes, please provide details of both the condition and the treatment/medication

Has there been any condition suffered by you, which is the same or similar to the condition you suffer from now? Yes No

If yes, please provide details:

Is there a Disablement claim pending? Yes No

If yes, please provide details of the Insurer

SECTION 4: MEDICAL QUESTIONNAIRE (to be completed by your Doctor)

Doctors Details

Name of attending Doctor: _____ Phone: _____

Insureds Name: _____ Date of Birth: / / _____

Insured Occupation: _____

Are you the Insureds usual medical attendant: _____ Yes No

If yes, for how long: _____ Nature of illness / injury: _____

Have you treated the Insured for this condition previously?: _____ Yes No

If yes, please provide details: _____

If the treatment includes any prescribed medication, please provide details: _____

Are there any medical conditions which have a bearing on this illness / injury?: _____ Yes No

If yes, please provide details: _____

Has there ever been any medical diagnosis, treatment, operation or attention for this or similar disablement? _____ Yes No

If yes, please provide details: _____

Name: _____

Signature: _____

Date: / / _____

Doctor's Stamp: _____

SECTION 5: DEATH BENEFIT

We require a certificate of identity of the deceased, this section to be completed by Next of Kin

Given names of Deceased: _____ Surname of Deceased: _____

Date of Birth: / / _____ Place of Birth: _____

Age at Death: _____

Cause of Death _____

Insured Occupation: _____

Deceased regular doctor: _____

Doctors Address: _____

Postcode: _____

Was a Specialist ever consulted: _____ Yes No

If yes, please provide details: _____

Outstanding Balance at time of death (including arrears up to two months) : _____

Total Settlement: _____

I declare that the deceased is the same person named as the Life Insured, under the Loan Protection Policy issued by Yamaha Motorcycle Insurance. I authorise Yamaha Motorcycle Insurance to obtain any and all information from any hospital, institution or medical practitioner who has treated or examined the deceased.

Signed: _____ Date: _____ / _____ / _____

Name: _____ Relationship to the Deceased: _____

Address: _____

Postcode: _____

SECTION 6: PRIVACY REQUIREMENTS

Your Privacy is important to us. You need to read the Privacy Statement below which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement.

The Privacy Policy is located on our website www.nminurance.com.au

SECTION 7: DECLARATION

I/we acknowledge Yamaha Motorcycle Insurance and/or NM Insurance Pty Ltd (ABN 34 100 6330 38 AFSL 227186) may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/we hereby declare that the foregoing particulars to be true and correct and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of the Insured: _____ Date: _____ / _____ / _____

Name: _____

SECTION 8: Privacy Statement

NM Insurance Pty Ltd, ABN 34 100 633 038 are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Collection can take place by telephone email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.



YMI
YAMAHA MOTOR INSURANCE

LOAN PROTECTION INSURANCE CLAIM FORM

SECTION 8: Privacy Statement

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, Lloyd's, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.nminsurance.com.au

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website www.nminsurance.com.au or by contacting us (our contact details are below).

Contact us and opting out

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

By phone: 03 8599 5000

By email: customerservice@nminsurance.com.au

In writing: 28-32 George Street, Sandringham VIC 3191

Effective date: 12 March 2014

NM Insurance Pty Ltd

(ABN 34 100 633 038) (AFS Licence No. 227186)

28-32 George Street, Sandringham, VIC, 3191

This policy is underwritten by The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473) (AFSL 241436) and Hanover Insurance Life Re of Australasia (Hanover) (ABN 37 062 395 484).