

FRIENDLY LOANS LTD

Claim Form - Illness, Temporary and/or Total Disablement, Death

We are sorry to hear of the occurrence which leads to you making this claim.

Should you also require budgeting assistance please refer to: www.moneytalks.co.nz (it's free) 0800 345 123.

We would like to make this process as easy as possible. So to understand what has happened it is a condition of your repayment waiver policy that a detailed statement describing the occurrence likely to give rise to a claim under the policy is required.

It needs to be submitted within 30 days of that occurrence.

Please complete the below information within this claim form and return to Friendly Loans Limited within this time period.

FULL NAME:

ADDRESS:

DATE OF BIRTH:

OCCUPATION:

DETAILS OF EMPLOYER:

Employers Name:

Address

How long in that occupation? Years:

IF YOU ARE CLAIMING WEEKLY / FULL REPAYMENT BENEFITS:

State your weekly gross basic salary \$ (excluding bonuses, commission, overtime and other allowances)

27D Waipareira Ave Henderson. PO Box 104243, Lincoln North, Auckland.
Ph: (09) 442 2907 Freephone: 0800 799 799 Email: Loans@FriendlyLoans.co.nz

FRIENDLY LOANS LTD

PERIOD OFF WORK:

As a result of the injury or sickness:

Give date on which you were last able to work; / /

On what date did you return to work? / /

If you have not yet been allowed by your doctor to resume work, please state the potential date you will allowed to return to work?

Please attach a copy of your Doctors certificate.

As a result of redundancy:

Give date of redundancy; / /

On what date did you obtain a new job (if at all)? / /

Please attach a copy of your redundancy letter to this application.

As a result of death:

Give date of death: / /

Please attach a copy of the death certificate to this application.

OCCURRENCE:

Briefly describe the accident which caused the Injury (where, when and how) or give brief details of your illness and when it became evident. (Answer as applicable)

**27D Waipareira Ave Henderson. PO Box 104243, Lincoln North, Auckland.
Ph: (09) 442 2907 Freephone: 0800 799 799 Email: Loans@FriendlyLoans.co.nz**

FRIENDLY LOANS LTD

Did you have any disability or health problem prior to the injury / sickness giving rise to this claim?

Yes ☐ No ☐

If "Yes" give details;

MEDICAL:

Give date of your first consultation with a doctor after suffering this injury / sickness:

Doctor's name:

Address:

Date of Consultation: / /

DECLARATION AND SIGNATURE:

27D Waipareira Ave Henderson. PO Box 104243, Lincoln North, Auckland.
Ph: (09) 442 2907 Freephone: 0800 799 799 Email: Loans@FriendlyLoans.co.nz

FRIENDLY LOANS LTD

I certify that the above statements are true and correct and hereby authorise my treating doctors to give Friendly Loans Limited or their agents any additional information required in connection with this claim.

Date:

Signature: