

Involuntary Unemployment Claim Form

Sovereign Insurance Australia Pty Ltd

ABN 85 138 079 286

IMPORTANT NOTES TO THE INSURED

1. Please print throughout form.
2. Please ensure that you have answered all questions relating to yourself and your Financier, and arrange for Centrelink Certificate and Employers Declaration to be completed. Please note that an incomplete claim form will cause delay in assessment.
3. If your claim is accepted, benefits under your policy will commence after the 21 day excess period.
4. Please notify Sovereign Insurance Australia Pty Ltd when you recommence employment.
5. Sovereign Insurance Australia Pty Ltd collects personal information from you for the purpose of providing you with insurance products and services, including processing and assessing your claims. We will not use your personal information for direct marketing purposes unless we obtain your prior consent. You can choose not to provide this information; however, we may not be able to process your request. We may disclose information we hold about you to our related companies, other insurers, an insurance reference service or as required by the law. In the event of a claim, we may disclose information to, and/or collect additional information about you from, investigators or legal advisors. If you wish to update or access the information we hold about you or if you would like more information about our Privacy Policy, please contact our office.

Your Personal Details

Name		Date of Birth
<input type="text"/>		<input type="text"/>
Address		Post Code
<input type="text"/>		<input type="text"/>
Policy No	Telephone No	
<input type="text"/>	<input type="text"/>	
Financier	Contract No	
<input type="text"/>	<input type="text"/>	
Date on which the loan agreement commenced	Fortnightly/ Monthly Installments	Term
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date last paid	Amount of last payment	Date unemployment was reported to finance company
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section One: Claimant's Statement

Employment History

(a) What is your usual occupation?

(b) (i) Name of last employer

Telephone No

Address

Post Code

Date employed from

employed to

(ii) Name of employer at loan commencement date

Telephone No

Address

Post Code

Period from

to

(c) On what basis were you last employed?

Full Time

Casual

Part Time

(d) What was your reason for leaving your last employer?

Resigned

Retrenched

Dismissed

End of Contract

Made redundant

End of Season

Other

Give explanation

Declaration Warranty and Consent

I declare that I am the person insured by Sovereign Insurance Australia Pty Ltd and referred to in the foregoing particulars.

I agree that if I have made, or in any further declaration which Sovereign Insurance Australia Pty Ltd may require of me, shall make, any false declaration or statement in support of my claim my right to any benefit shall be forthwith forfeited.

I authorise Centrelink or any person or firm who has employed me, to furnish to Sovereign Insurance Australia Pty Ltd any information it may request in respect of my employment and unemployment.

I authorise the Financier to provide Sovereign Insurance Australia Pty Ltd with details of my loan for administration for this claim.

Signature of claimant

Witness

Date

Section Two: Certificate of Centrelink

The authority to complete this Certificate is contained in the above Declaration Warranty and Consent.

1. Is the current claimant registered for unemployment benefits?

Yes No

If No, what date did they cease?

2. If the claimant is receiving unemployment benefits, please complete the following

This is to certify that (full name)

Of (Address)

Was registered as being unemployed on

Unemployment Benefits of \$

Per (Month/FN/Week)

were granted from

and have been paid to

3. If the claimant is not receiving an unemployment benefit, please advise the reason why.

Signature of claimant

Branch Stamp

Date

Section Three: Employer's Declaration (To be completed by the last employer)

Name of employee

Period of employment

from

to

Basis of employment:

Full Time

Part Time

Casual

Contract

Seasonal

Temporary

Was employment terminated due to:

Wilful misconduct

Shortage of work

Employee ceased work voluntarily

Redundancy

Not suitable for job

Printed Name

Position

Company Name

Signed

Please email to: claims@sovereignaustralia.com.au

or post to: Sovereign Insurance Australia Pty Ltd

PO Box 4301, Loganholme QLD 4129 | Phone: 1800 240 125