ace insurance limited

ACE Insurance Limited
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Consumer Credit Insurance
Claim Form – Follow-Up Declaration

Office Use Only

Name of Insured *(Given Names)* *(Surname)*

Mr/Mrs/Miss/Ms

ClaimNo. : : : : : : : : : : :

1. This Section To Be Completed by Treating Physician

I certify that is suffering from (state full condition) resulting from

and is totally disabled from performing their occupation from / / to / /

Remarks

Date Signature Qualifications

Address *(State)* *(Postcode)*

Telephone No.

( )

Note: The Insured Person is responsible for any fee for this statement.

2. This Section To Be Completed by Centrelink

I hereby declare that is unemployed and has been registered since

with Centrelink and is/is not in receipt of unemployment benefits.

What type of benefit is being paid (i.e. Newstart Allowance etc.)

Is Claimant actualy seeking Re-employment? ☐ Yes ☐ No

If No please advise reason

If not receiving benefits please advise why

Date / /

Centrelink Authorised Representative

Centrelink Official Stamp