

details of guaranteed protection claim

Lumley Business Solutions, PO Box 3939, Shortland Street, Auckland 1140, New Zealand, Tel 09 308 1105, Fax 09 308 1115

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

The Insured

Insured(s) full name:		
Insured(s) full name:		
Address:		Suburb/Town:
Telephone: (h)	(w)	Mobile:

Vehicle details

Make:	Model:	Registration no.
Comprehensive Motor Vehicle Insurer		Sum Insured \$
Period of Insurance:	From: / / To: / /	at 4pm (NZ time)

Finance contract

Finance company:	Type of loan (mths):	Finance contract start date: / /
Vehicle cash price: \$	Amount financed: \$	Balance payable: \$
Monthly Instalments: \$	Balloon payment: \$	Financial amount required to settle: \$
(Attach financial company statement)		

Comprehensive insurer details

Insurer names:	Date of total loss: / /	Total loss settlement offer: \$
(Attach letter from Insurer offering total loss settlement)		

Claim details

Benefit option purchased:	Amount claimed \$
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Declaration

I hereby declare that the above information is true and correct and that no material information has been withheld and I understand that any benefit payable as a result of this claim shall be applied to my Loan Account / Finance Company.

I agree that, should there be any dispute over payment of this claim, the Company shall be entitled to submit the dispute to arbitration. I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We agree to Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

Signature of Insured(s):	Date: / /
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Policy no:	GAP
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