

# AUTOSURE PROTECTION CLAIM FORM

Please complete this claim form and return to:

The Claims Department  
St Andrew's Australia  
PO Box 7395  
Cloisters Square 6850

#### IMPORTANT INFORMATION

1. The issue of this claim form is not an admission of liability
2. It is a condition of your policy that you provide a fully completed claim form as quickly as possible (within 120 days of the claim commencement date). A delay in submitting this form may prejudice your entitlement to a claim.
3. Please ensure that all questions are fully answered to avoid any delay in the handling of your claim.
4. If you do not complete all relevant sections of your claim form we may have to return it to you to be fully completed and your claim may be delayed.
5. It may be necessary during the period of your claim for a company representative to call you.
6. It is important that you notify us of any change in circumstances during your at the earliest opportunity.
7. If there is not enough room within the form to provide your responses please attach any documentation/word document that will aid us in assessing your claim.

If you have any queries regarding your claim you can contact St Andrew's on  
Ph: 1300 653 751 or fax 1300 552 695 or email: [claims@standrews.com.au](mailto:claims@standrews.com.au).

## SECTION A – YOUR DETAILS

To be completed by you (Insured)

### Details of Insured

1. Claim Number(s)
2. Surname:
3. First Names:
4. Residential Address:   
Suburb/Town:
5. Contact Phone Numbers  
Mobile:   
Home:
6. Once the claim has been accepted, please credit any 'Gap' benefit to the account below (usually the insureds account number)  
Name of Bank:   
Account Name:   
BSB:   
Account Number:

## SECTION B – VEHICLE DETAILS

To be completed by you (Insured)

1. Make, Model (e.g. Holden Commodore)
2. Series, Year (e.g. SS 1998)
3. Body Style (e.g. Sedan)
4. Registration Number
5. New  Or Used

## SECTION C – VEHICLE INSURANCE DETAILS

**1.** Insurance Company Name and Address

  
  

**2.** Policy Number

**3.** Sum Insured

Market Value:            Yes             No

Agreed Value:            Yes             No

Amount:            \$

**4.** Date of Total Loss:             /  /

**5.** Motor Vehicle Insurance Settlement Figure

Amount:            \$

**6.** Motor Vehicle Insurance Claim Number

Please supply a statement from your Motor Vehicle Insurer confirming:

- Date of Accident
- Total loss of vehicle
- Settlement figure
- Any applicable excess amounts

## SECTION D – FINANCE COMPANY DETAILS

**1.** Finance Company Name and Address

  
  

Please provide a statement from your Finance Company confirming:

- Loan Account/Contract Number
- Amount outstanding on your Loan Agreement as at date of Total Loss
- Payments and/or interest in arrears as at date of Total Loss

## SECTION E – ADDITIONAL INFORMATION

1. Are you entitled to claim an Input Tax Credit on this policy? Yes  No

2. If yes, please provide your Input Tax Credit Entitlement  %

## SECTION F – PRIVACY POLICY STATEMENT

We collect your personal information so that we can process your claim, identify you for inquiries, concerns and complaints you may have, deal with any requests you may make, tell you about products and services offered by us or our affiliate companies and conduct customer satisfaction surveys to improve our products and services. With respect to your claim, we may need to collect sensitive information related to your health. Without your information we will not be able to process your claim.

If you provide us with personal information about someone else, you should ensure that you are authorised to do so and agree to inform that person of the contents of the notice.

We exchange your personal information with organisations in the normal operations of our business, for example, with our related companies and agents, coinsurers, reinsurers and with service providers (such as professional advisors, IT support and mailing houses). In relation to your claim, your information may also be exchanged with other parties including ex-employers, government agencies, financiers, your insurers, underwriters, claims investigators, other insurance companies, lawyers, recovery agents, hospitals, doctors,

medical specialists or other health professionals and any party nominated by you. We may also disclose your personal information overseas to countries in certain circumstances that are likely to include India and USA.

By providing this information you consent to us:

1. collecting, using and disclosing information about you in the manner described above; and
2. (unless you opt out) using your personal information to identify and provide you with information about products and services you may be interested in.

Our Privacy Policy, a copy of which can be found at [www.standrews.com.au](http://www.standrews.com.au), sets out how you can access and correct information we hold about you, how you can complain about a breach by us of your privacy rights and how your complaint will be handled. It also contains a more comprehensive list of countries to which your information may be disclosed and will be updated regularly.

You may contact our Privacy Officer in relation to your personal information (or to opt out of marketing) on 1300 363 159 or [standrews@standrews.com.au](mailto:standrews@standrews.com.au)

### Customer Declaration

I declare that;

- The information I give is true and accurate.
- If any of the information given by me (or anyone on my behalf) is incorrect I understand that you will be able to take away my rights under the policy.
- I understand that I must provide to St Andrew's Insurance (Australia) Pty Ltd evidence to prove my claim is valid.
- I have read the document entitled 'Privacy Policy Statement' and understood and consent to the use, storage, maintenance and disclosure of my personal information as detailed in that document.
- Copies of this declaration will have the validity of the original.

Signature:

Date (dd/mm/yy)

Full Name: