

## GAP, TAI, or RTI -Claim Form-

You must answer ALL questions. Where indicated please tick box ✓ as applicable.

Policy No. \_\_\_\_\_ Period of Insurance: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### THE INSURED

Full Name of Insured: Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Private: \_\_\_\_\_ Business/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### VEHICLE DETAILS

Make (e.g. Ford): \_\_\_\_\_ Model (e.g. Falcon) \_\_\_\_\_ Series (e.g. XR6) \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Body Style (e.g. Sedan) \_\_\_\_\_

Registration Number: \_\_\_\_\_ VIN: \_\_\_\_\_

Registered Owner (If not the Insured): \_\_\_\_\_

### DETAILS OF THE COMPREHENSIVE MOTOR INSURER

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Current Market / Agreed Value: \$ \_\_\_\_\_

### TOTAL LOSS DETAILS

Date of Total Loss: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Comprehensive Claim Number: \_\_\_\_\_

Cause of Total Loss (IE: Accident, Fire, Theft, Hail etc.): \_\_\_\_\_

### FINANCE DETAILS

Financier Name: \_\_\_\_\_ Loan Contract Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### IN ORDER FOR US TO DETERMINE YOUR CLAIM WE COULD ASK YOU TO SUPPLY THE FOLLOWING

A statement from your Comprehensive Vehicle Insurer detailing:

- Settlement Amount (Pre Accident Value)
- All Excesses Deducted
- Any Outstanding Premium Amount Deducted
- Current Registration Certificate
- Any deduction for Unexpired Registration/CTP
- Any other deductions

Does Insured hold a registration pursuant to a New Tax System (Goods and Services Tax) Act 1999?  YES  NO

If YES, what is their Australian Business Number? ABN: \_\_\_\_\_ Taxable: Business \_\_\_\_\_% Private \_\_\_\_\_%

### PERSONAL OR OUT OF POCKET EXPENSES

Description and value of all personal or out of pocket expenses directly incurred as a result of the Total Loss.  
(for example: accommodation \$290, baby seat \$250, tennis racket \$123).

### DECLARATION

I hereby declare that the information I have submitted in relation to this claim is true and correct in every particular. I give permission for Eric Insurance Limited (Eric) to approach my Motor Insurance Company and my Financier and to discuss, provide and receive my personal information relating to this claim. I agree to provide any further information that is requested by Eric, that it deems is relevant to assessing this claim.

Signature of Insured \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_