

GAP, OOPS, TAI, VIP & Asset Protection -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: \$ _____

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:

- | | |
|--|---|
| <input type="checkbox"/> Settlement Amount (Pre Accident Value) | <input type="checkbox"/> Current Registration Certificate |
| <input type="checkbox"/> All Excesses Deducted | <input type="checkbox"/> Any deduction for Unexpired Registration/CTP |
| <input type="checkbox"/> Any Outstanding Premium Amount Deducted | <input type="checkbox"/> 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 _____%

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: _____ / _____ / _____

