

GAP Insurance Claim Form

Sovereign Insurance Australia Pty Ltd

ABN 85 138 079 286

WHAT TO KNOW AND WHAT TO DO WHEN MAKING A CLAIM

When completing this form it is important that all questions are correctly and fully answered as this will enable us to promptly process and settle your claim. Please provide the following information:

- a) A copy of the settlement statement from the financier.
- b) A copy of the Total Loss release or settlement letter from your comprehensive motor vehicle insurer.
- c) A copy of receipts for on-road costs paid for your replacement vehicle.
- d) Receipts for your motor vehicle insurance paid by you in relation to your replacement vehicle and return the completed form to:

Email: claims@sovereignaustralia.com.au

Post: Sovereign Insurance Australia Pty Ltd, PO Box 4301, Loganholme QLD 4129

Phone 1800 240 125

- e) Sovereign Insurance Australia Pty Ltd collects personal information from you for the purpose of providing you with insurance products and services, including processing and assessing your claims. We will not use your personal information for direct marketing purposes unless we obtain your prior consent. You can choose not to provide this information; however, we may not be able to process your request. We may disclose information we hold about you to our related companies, other insurers, an insurance reference service or as required by the law. In the event of a claim, we may disclose information to, and/or collect additional information about you from, investigators or legal advisors. If you wish to update or access the information we hold about you or if you would like more information about our Privacy Policy, please contact our office.

Your Personal Details

Name

Date of Birth

Address

Post Code

Policy No

Telephone No

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Your Vehicle Details

Make	Model	Year	Rego
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financier's Name	Account Number	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insurer's Name	Policy/Claim Number	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for total loss (tick (✓) as appropriate) Accident Theft Fire Date of Loss

DECLARATION (Insured to complete)

I declare that

- a) To the best of my knowledge and belief, the particulars on this form are true and correct and I have not withheld any relevant information.
- b) I undertake to give every assistance in dealing with this matter.
- c) Sovereign Insurance Australia Pty Ltd is authorised to give or obtain any information relating to this claim from any financier, other insurer or interested party.

Signature of claimant	Date
<input type="text"/>	<input type="text"/>