



## details of guaranteed asset protection claim

Southbury Insurance, PO Box 3939, Shortland St., Auckland, New Zealand, Telephone 0508 southbury (768 842), Facsimile 09 308 1115

### Personal Details

Mr / Mrs / Miss / Ms	First Names:	Surname:
Mr / Mrs / Miss / Ms	First Names:	Surname:
Address:		Suburb/Town:
Telephone:	(h)	(w) Mobile:

### Vehicle Details

Make:	Model:	Registration No.
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### Finance Contract Details

Finance Company	Term 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

Comprehensive Motor Vehicle Insurer:	Sum Insured:	\$				
Period of Insurance: From:	/	/	To:	/	/	at 4pm (NZ TIME)
Date of total loss:	/	/	Total Loss Settlement Offer:	\$		

(Attach letter from Insurer offering total loss settlement)

### Claim Details

Benefits Purchased	\$5000 and Additional Benefits	Amount Claimed	\$
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### PRIVACY ACT 1993

This claim form collects personal information about you for the purpose of evaluation of your claim. The failure to provide this information may result in your claim being declined. The intended recipients of the information are **Southbury Insurance Limited**, and **Lumley General Insurance (N.Z.) Limited**. This information is collected pursuant to the Authority given to Us by You in the Application Schedule and your insurance Policy for the purpose of assessment of your claim. You have the right to access and to correct this information subject to the provisions of the Privacy Act 1993.

Schedule No.
GAP

### 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 Southbury Insurance and Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

Signature of Insured(s) \_\_\_\_\_ Date: / /