

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 No.: _____ VIN: _____

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: _____

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

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 _____ %

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 Avea Insurance Limited 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 AVEA, that it deems is relevant to assessing this claim.

Signature of Insured _____ Date: ____ / ____ / ____