



# AUTO EQUITY CLAIM FORM

Insurer: Insurance Australia Limited ABN 11 000 016 722 trading as CGU Insurance

**All questions must be answered. Please print and tick the yes or no box where applicable. If insufficient space provided, please write on a separate sheet and attach to the form.**

## What to know and do when making a claim

We are sorry to hear that your vehicle is a total loss, and understand that you want your claim settled as quickly as possible.

To enable us to promptly settle your claim it is important that:

- All questions are correctly and fully answered.

For Auto Equity claims please provide:

- Copy of the vehicle registration papers.
- Copy of the settlement statement from the financier.
- Copy of the settlement letter from comprehensive insurer.

CGU Insurance is a member of the insurance industry's independent Australian Financial Complaints Authority (AFCA). This Service is provided to the public at no cost and aims to resolve claims complaints quickly and informally if CGU Insurance is unable to resolve your complaint. You should first take your complaint up with CGU. In most cases, the problem will be resolved easily. If you are not satisfied with the outcome you may contact the Australian Financial Complaints Authority in your state for advice and assistance in resolving your claim.

**AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY**  
toll free telephone number: 1800 931 678.

## Your personal details

Title (e.g. Mr/Mrs)	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

Business Telephone No.	Private Telephone No.	Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Your vehicle details

Make	Model	Year mfr.	Reg. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financier's Name	Contract/Account No.	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comprehensive Insurer's Name	Comprehensive Policy No.	Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for total loss	Date of loss
Accident <input type="checkbox"/> Fire <input type="checkbox"/> Theft <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Declaration (insured to complete)

I declare that:

1. The information and answers on the claim form are a truthful and complete record of all the information provided by me.
2. I may be required to give other written statements and any other information that the insurer may ask for, to support my claim and provide assistance when required and I duly agree to do so.
3. I understand that the insurer will assess my claim in accordance with my contract of insurance which is made up of the application, the PDS and the Policy schedule.
4. I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this claim.

Signature of Insured	Print name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>