

Insurer: Insurance Australia Limited ABN 11 000 016 722 AFS Licence No 227681 trading as Swann Insurance (Swann Insurance).

All questions must be answered. Please print and indicate  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/Gapcover claims please provide:

- ◆ Copy of the vehicle registration papers.
- ◆ Copy of the Loan Contract and Statements from the financier.
- ◆ Copy of the settlement letter from comprehensive insurer.

For Purchase Price Protection claims please provide:

- ◆ Copy of the vehicle registration papers.
- ◆ Copy of the original purchase contract.

- ◆ Copy of the settlement letter from comprehensive insurer.
- ◆ Copy of the new/replacement vehicle purchase contract if claiming for the Additional Benefit.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

**Website:** [www.afca.org.au](http://www.afca.org.au)

**Email:** [info@afca.org.au](mailto:info@afca.org.au)

**Telephone:** 1800 931 678 (free call)

**In writing to:** Australian Financial Complaints Authority,  
GPO Box 3, Melbourne VIC 3001

## your personal details

TITLE (e.g. MR/MRS)  SURNAME  GIVEN NAME(S)

ADDRESS  POSTCODE

BUSINESS TELEPHONE NO.  PRIVATE TELEPHONE NO.  POLICY NO.

## your vehicle details

MAKE  MODEL  YEAR MFR.  REG. NO.

VIN NO.

FINANCIER'S NAME  CONTRACT/ACCOUNT NO.  TELEPHONE NO.

COMPREHENSIVE INSURER'S NAME  COMPREHENSIVE POLICY NO.  TELEPHONE NO.

REASON FOR TOTAL LOSS  
ACCIDENT  FIRE  THEFT

DATE OF LOSS

## declaration and authority

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 agree that by submitting this claim, the personal information I provide to Swann Insurance for the purposes of making this claim, may be collected, held, used and disclosed in the manner set out in Swann's Privacy Policy found at [www.swanninsurance.com.au/privacy](http://www.swanninsurance.com.au/privacy), including for the purposes of the determination and/or settlement of this claim.
- 5) I authorise Swann to use and provide this claim form as evidence of my authority to any third party to release to Swann all documents and information including Personal Information relevant to my claim under my insurance policy, details of which are set out above.

Signature of insured  Date