

GUARANTEED ASSET PROTECTION CLAIM FORM



MARAC Insurance, Box 9919, Newmarket, Auckland 1149. Ph 0800 45 10 10 Fax 09 927 9318

Agent Name _____

Personal Details - INSURED

Mr/Mrs/Miss/Ms/Dr (please circle) First Names _____ Surname _____

Address _____

Suburb _____ City _____ Postcode _____

Phone No. (hm) _____ Phone No. (wk) _____ Phone No. (mobile) _____

Email address _____ Date of Birth / / _____

Nominee _____ Postal address _____

Vehicle Details

Make _____ Model _____ Registration No. _____

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 finance company statement)

Comprehensive Insurer Details

Comprehensive Motor Vehicle Insurer _____ Sum Insured \$ _____

Period of Insurance Start / / _____ Expiry / / _____ at 4pm (NZ TIME)

Date of Total Loss / / _____ Total Loss Settlement Offer \$ _____

(Attach letter from insurer offering total loss settlement)

Claim Details

Level of cover on Policy	Max Benefit	Extras
<input type="checkbox"/> Option 1	\$10,000	Up to \$2,500
<input type="checkbox"/> Option 2	\$10,000	Up to \$1,000
<input type="checkbox"/> Option 3	\$5,000	

Total Amount Claimed \$ _____

Policy No. _____
Claim No. _____

About protecting your privacy

This claim collects personal information about you to evaluate the claim you are making.

The recipient and holder of the information is MARAC Insurance Limited, 35 Teed Street, Newmarket, Auckland 1023. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory. The failure to provide this information may result in your claim being declined or your insurance being void.

You have right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insured signature

Signed _____

Date / / _____

Declaration

I/we declare that the statements contained in this claim are true, and I/we have not suppressed or misstated any facts that are relevant to this claim.