



GE Money

GPO Box 1571
Sydney, New South Wales, 1025
Australia

T 1800 800 230
F 02 8249 3884 (Credit Claims)
F 02 8249 3885 (Credit/Term Life Underwriting)

IMPORTANT NOTICES

- ◆ If you require any assistance in completing this claim form please call us toll free on 1800 800 230.
- ◆ To avoid unnecessary delays in the assessment of your claim, please ensure that all sections of this form are fully completed and that any supporting evidence is attached.
- ◆ To fully review this claim we will require further details from your Primary (Comprehensive) Motor Insurer and GE Automotive Financial Services. We will forward claim forms to the appropriate parties upon full completion of this claim form.
- ◆ If you or anyone acting on your behalf makes any false or misleading statements in relation to this claim, we may choose to void the policy and your benefits under the policy will be forfeited.
- ◆ The information we collect about you:
We may need to verify details, or seek additional information to fairly assess your claim. The information we collect may be passed on to a service provider appointed by us to assess your claim, or to an insurance reference bureau, law enforcement agency, or other insurance companies. If you don't give us all the information we ask for, we may not be able to deal with your claim.
Wherever possible, you can have access to the information we keep about you, free of charge. If you'd like to know more about information privacy, please refer to our "Personal Information Privacy Policy" booklet.
- ◆ If you have any complaints, please contact us on 1800 800 230. We have established an internal process to review and explain our decisions and resolve disputes.

INSURED PERSON'S DETAILS

Insured's Name

Telephone Number

Residential Address

Post Code

DOB

MOTOR VEHICLE DETAILS

Model Year

Make

Model Body Style

Registration Number

State Where Registered

LOAN DETAILS

Lender Name

Lender's Telephone Number

Finance Contract Number

PRIMARY (COMPREHENSIVE) INSURER DETAILS

Name of Current Primary Insurer

Phone Number

Fax Number

Current Policy Number

Claim Number

Date of Loss

Cause of Loss eg theft, fire, accident, storm, etc

OUT OF POCKET EXPENSES (PLEASE ATTACH ORIGINAL TAX INVOICES)

Will you be claiming Out of Pocket Expenses? Yes No

If "Yes" Please Complete

	Expense	Amount (GST Inclusive)
	Dealer Delivery Costs	\$
	Vehicle Registration Costs	\$
	Stamp Duty	\$

Please note that your out of pocket expenses claim does not cover compulsory third party insurance, or your green slip premium.

DECLARATION

I warrant that the information supplied by me on this form is in every respect true and correct and that I have not withheld any information likely to affect the acceptance of the claim. I also agree to the use and disclosure of the information described under the heading 'The Information We Collect About You'.

I understand that the claim may be declined if the information supplied is untrue or I have not revealed all relevant facts.

I hereby authorise you to give and obtain personal information relating to the claim from the Lender and Primary (Comprehensive) Insurer.

I understand that all Shortfall Benefit payments are directed to the Lender, and that payments in relation to Out of Pocket Expenses Benefits are paid on my behalf.

Insured Signature

Date

Please forward this form and accompanying documents to:

**Claims Department
GE Money
Insurance Services
GPO Box 1571
Sydney NSW 1025**