



# Equity Plus Insurance Claim Form

## Insured Details

Equity Plus Insurance Policy Number

Title

Given Name(s)

Surname

Sex

Date of Birth

 / 

Occupation

Address

State

Postcode

Contact Telephone Numbers

Home

Business

Mobile

Email Address

Are you registered for GST?

Yes

No

If Yes, supply ABN number

In the event that any monies should be returned directly to yourself, please provide your bank details below:

Bank and Branch Name

Name Account Held In

BSB

Account Number

## Vehicle Details

Make (eg. Ford)

Model (eg. Falcon)

Series (eg. BA)

Year

Body Style (eg. Sedan)

Registration Number

VIN Number

**Please attach a copy of your vehicle purchase order.**

## Accident/Loss Details

Date of Accident/Loss

 / 

Were you comprehensively insured at the date of your Accident/Loss?

Yes

No

Please detail the events of your Accident/Loss below (If insufficient room, attach an extra sheet)

## Comprehensive Motor Insurer Details

Insurance Company Name

Insurance Policy Number

Comprehensive Claim Number

Market / Agreed Value

\$

Comprehensive Excess

\$

**Please attach a copy of the letter from your comprehensive insurer showing the settlement details of your motor vehicle claim. These documents must clearly show the excess applicable and any outstanding premium amounts (if any).**

## Loan Contract Details

Credit Provider

Contract Number

Date Commenced

Term of Loan

**Please attach a copy of your Finance Contract.**

## Declaration / Authorisation (To be signed by the Insured)

Insurance issued by AAI Limited ABN 48 005 297 807 AFSL 230859 and distributed by MTA Insurance Limited. AAI Limited and MTA Insurance Limited are members of the Suncorp Group.

I hereby declare that the information I have provided is factual and correct and I agree that if I make any false statements my right to compensation may be forfeited.

I acknowledge that the information I have provided on this form is necessary for AAI Limited, ABN 48 005 297 807, to assess my claim.

I agree that AAI may disclose information to, or obtain information from, other insurers, credit providers, claims assessors, insurance contractors, including but not limited to, those named on this claim form.

Please note that if you do not agree to this, then it may not be possible to properly assess your claim. For a copy of AAI's privacy policy please refer to your Product Disclosure Statement or [www.suncorp.com.au/privacy](http://www.suncorp.com.au/privacy)

Signed

Date / /

## How to contact us:

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