

Stolen Card Claim

Latitude Insurance
PO Box 108022
Symonds St, Auckland
Phone: 0800 220 999
Fax: 0800 282 646
gemfinance.co.nz/insurance

Statement of claimant (you)



Who needs to fill this out?

All questions need to be answered by you

Account number:

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First name: _____ Surname: _____ Date of birth: __/__/____

Address

Unit/house number: _____ Street name: _____

Suburb: _____ City: _____ Postcode: _____

Date card stolen: __/__/____ Date reported to police: __/__/____

Police incident or reference number: _____

Important notices

Privacy notice and consent

We collect personal information about you so that we can process your claim. Without this information we may not be able to process your claim. We may disclose personal information to third parties to assist us (and where applicable them) in processing our customers' claims. Those third parties may include Police or, other insurance companies holding information relevant to our customers' claims, our related entities (both in New Zealand and overseas), and claims handlers. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it. By completing this claim form you consent to us collecting and disclosing personal information about you in the ways set out above.

You can have access to the personal information we hold about you (subject to the Privacy Act 1993) by telephoning 0800 220 999 or writing to Latitude Insurance at PO Box 108022, Symonds St, Auckland.

Signed: _____

Date: __/__/____

**Without the above information we will be unable to process your claim.
This could delay any payment to your account that you may be entitled to.**

If you are having any difficulties completing this claim form, please contact our Customer Service Centre on **0800 220 999**.