

Authorised Third Party (ATP) Confirmation

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

By completing this form, you authorise Latitude Insurance to disclose and discuss information relating to claims on your policy to the person nominated below. We will only provide information to the ATP on: claim approval, claim decline decision (not reasoning behind decision), claim wait periods, any claim information requested and/or payment amounts and schedule of payments.

My personal details.

Name: _____

Signed by: _____ Date: __/__/____

My authorised person's details.

Name: _____

Address: _____

_____ Postcode: _____

Date of birth: __/__/____ Relationship with person named above: _____