

Stolen Card Claim

Latitude Insurance
GPO Box 1571
Sydney NSW 1025
Phone: 1800 800 230
Fax: 1300 362 642
www.latitudefinancial.com.au/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: _____ State: _____ Postcode: _____

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

Police incident or reference number: _____

Privacy Reminder

As advised in your PDS, we collect personal information about you so that we can process your claim. We may also disclose personal information to third parties to assist us (and where applicable them) in processing your claim. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it. For details of how we collect, use and disclose your personal information, please refer to our Privacy Policy at www.latitudefinancial.com.au/privacy

You can access and correct the personal information we hold about you (subject to the Privacy Act 1988) by telephoning 1800 800 230 or writing to us at GPO Box 1571, Sydney NSW 1025.

Name: _____

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 **1800 800 230**.