

INSURANCE SHORTFALL WAIVER REQUEST FORM

Please return this waiver request form promptly to us with all questions fully answered where applicable.

1. Personal Details

Surname.....	First name
Date of birth	Loan number
Address	Suburb/Town
Telephone.....(.....)	Email.....

2. Vehicle Details

Make	Model
Year	Registration number
Current odometer.....	Date purchased.....
Purchase price.....	

3. Accident Details

Date / time of accident	Where did accident occur?.....
What happened?	
.....	
Who was at fault?.....	Were police involved?

4. Your Comprehensive Insurance Details

Name of your insurer	Claim number
Was your claim accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No', please advise reasons.....	
Amount paid out \$	Sum insured \$

5. Declaration

I, the undersigned, hereby declare that I am the person referred to in the above statements, which are true and correct in every respect and made without reservation.

I further declare that this waiver is made due to a financial loss that I have suffered as a result of the occurrence of the above event that has resulted in me being unable to satisfy my obligations to Oxford Finance Limited.

I authorise the disclosure of personal information held by other parties which relate to this waiver request.

I agree to Oxford Finance Payment Waiver services disclosing to other parties personal information regarding this waiver request.

I authorise any licensed investigator instructed by you to make enquiries into my waiver request and undertake any surveillance as required without my knowledge or consent.

Signature of Customer X Date