

**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 .....