

Personal Information Access Request

Please complete this form to request access to personal information held about You by Us. We may charge a fee to process Your request.

| | |
|-----------------------------|--|
| Title | |
| First name | |
| Middle name | |
| Surname | |
| Date of birth | |
| Contact phone number | |
| Address | |
| Email address | |

Please provide specific details of the personal information that You would like to access¹, including the policy number and claim number (if applicable).

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|------------------|--|
| Signature | |
| Date | |

Please include a certified copy of Your identification, which We require to assess Your application. Submit Your application to claims@pacificindemnity.com.au. We will acknowledge Your request within 1 Business Day and inform You of any fees which are applicable as well as an estimate of when We will respond to Your request.

¹ We will not disclose to You information protected from disclosure by law, or where the release of the information may be prejudicial to us in relation to a dispute or claim. Should we decline to release information to You, we will provide You with our reasons in writing and you will be entitled to request a review of our decision through our complaint handling procedures.

