

# Authorised Third Party (ATP) Confirmation

**Latitude Insurance**  
PO Box 108022  
Newmarket, Auckland 1149  
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: \_\_\_\_\_

