



# Personal Information Access Request Form

Complete this form to request access to personal information held about you by Coles Car, Home and Landlord Insurance. Fields marked with an asterisk (\*) are mandatory. The information you provide will assist us in processing your request.

Title  First Name\*  Surname\*

Date of birth\*  Contact phone number\*

Address\* (information will be mailed or emailed to this address)

Please provide the details of the personal information that you would like to access\*:

| Policy/insurance type<br>(e.g. home, car, landlord) | Policy number        | Claim number         |
|---|----------------------|----------------------|
| <input type="text"/>                                | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                | <input type="text"/> | <input type="text"/> |

In some circumstances the calls made to and from our organisation are recorded. If you would like to access an audio copy of a call recordings, please advise of the date that the call was made and the name of the consultant you spoke with (if known). This will help us locate the information.

| Date of Call         | Time of call         | Consultant name (if known) | Phone number called from (if known) |
|----------------------|----------------------|----------------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/>                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/>                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/>                |

**Detail:** Please provide specific details of any other information that you would like to obtain\*

Please note that in some circumstances we may decline to release information, but we will not do so unreasonably. Such circumstances are where information is subject to privacy laws, where information is protected from disclosure by law, or where the release of the information may be prejudicial to us in relation to a dispute or claim. In circumstances where we decline to release information, we will give you reasons and you have the right to request a review of our decision through our complaint handling procedures.

Signature  Date  Office use only  
Date Received:

**Please provide a photocopy of your driving licence (back and front) or other photo identification as proof of identity\***

**Once completed:** Email to: [colesinsurance@iag.com.au](mailto:colesinsurance@iag.com.au) with subject line PIAR and Policy/Claim number  
Mail to: Coles Insurance PO Box 16042 Collins St West VIC 8007

**What happens next?** We will contact you to discuss your request and to confirm the expected timeframe to provide the information.

**If you have a query:** To discuss any aspect of your request or if you require assistance with completing this form, please call 1300 365 267.