

My Motor Claim[®]

ACCIDENT MANAGEMENT

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Authority to Act

Name _____

Mailing Address _____

Contact Number _____

Email Address _____

To _____

Claim no/Ref no _____

I/We the undersigned, hereby authorise My Motor Claim to act on my/our behalf in all matters relating to my/our motor vehicle accident claim including discussing, obtaining, and signing of all documents relating to this matter.

Signed: _____

Dated: _____

D-Collect and Associates Pty Ltd Trading as My Motor Claim

ABN 27 609 517 688