

**DATA RELEASE CONSENT
SUBJECT CONSENT FORM FOR THE PROCESSING OF DATA
IN ACCORDANCE WITH THE DATA PROTECTION ACT**

FINANCE

This form allows the person to whom it is addressed to provide information we may require to process your claim in relation to

Vehicle Registration Mark (VRM): _____ (Make/Model): _____

Due to the restraints of the Data Protection Act, some parties are reluctant to provide information to Insurers or their representatives. In the event it is necessary for us to approach the third party in connection with the claim we will supply this form to them as your authority for information to be provided directly to ourselves.

I (name): _____ of address:

freely give my **consent** for the FINANCE COMPANY with an interest in the vehicle:

Name of Company: _____

Agreement number: _____

Address of company: _____

Phone Number: _____ email: _____

to supply information, namely the account history and copies of any correspondence sent to or received from me, or held on file (whether or not held on computer) directly to Claims Management & Adjusting Ltd.

- I have read the above and have been provided correspondence which describes the action I can take in the event I wish to rescind this authority.
- I have been advised that the information will not be used other than in the course of this claim.

C.M.A. reference: _____

Signed: _____ Date: _____

Print name: _____

Claims Management & Adjusting Ltd
Rear of 39-41, High Street, West Malling, Kent ME19 6QH

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