

## TRACKING

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

Vehicle Registration Mark (VRM): \_\_\_\_\_ (Make/Model): \_\_\_\_\_

Some Data Controllers are reluctant to provide information to Third Parties such as us. This form constitutes your authority for information to be provided directly to us and should be considered consistent with a **Subject Access Request<sup>1</sup> (SAR)**.

**Additionally, you authorise CMA to provide the data holder/controller a copy of your identity documentation if requested for SAR purposes. This is likely to be a photo ID i.e., copy licence and an address ID i.e. a utility bill.**

By law, a response must be sent to CMA within 1 calendar month of the SAR.

To: (name of company): \_\_\_\_\_ Reference: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

In accordance with my Subject Access Rights:

I (name): \_\_\_\_\_ of address:

\_\_\_\_\_

**freely** give my **consent** for the above TRACKING / MONITORING COMPANY to supply information, directly to **Claims Management & Adjusting Ltd** of the Rear of 39-41, High Street, West Malling, Kent ME19 6QH, **T:** 01732 22 0750 **E:** [claims@cmaclaims.co.uk](mailto:claims@cmaclaims.co.uk) **W:** [www.cmaclaims.co.uk](http://www.cmaclaims.co.uk) namely:

### **the account history relevant to the date of loss (as advised by CMA).**

- 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

<sup>1</sup> <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/>