



1. ABOUT THE OWNER

Please write clearly in BLOCK LETTERS

SURNAME/ BODY CORPORATE NAME	GIVEN NAMES	LICENCE/ CLIENT NUMBER
Residential (Home)/Business Address		
NUMBER AND STREET	SUBURB/TOWN	POSTCODE
Postal Address (if different to above address)		
NUMBER AND STREET	SUBURB/TOWN	POSTCODE
Email Address		
YOUR DAYTIME PHONE NUMBER (only if convenient)		

2. APPLICATION FOR REFUND

I, of the address above, declare that my vehicle(s) as per the details below was/were written off, by fire, during the Bushfire on the / / and wish to apply for a refund of the unexpired portion of Registration and Compulsory Third Party Insurance for the vehicle(s) described below. I confirm that the number plates were destroyed in the event and are unable to be returned.

3. ABOUT THE VEHICLE

REGISTRATION PLATE	MAKE	MODEL	IS THE VEHICLE PRIVATELY INSURED? (PLEASE CIRCLE)
			YES / NO
			YES / NO
			YES / NO

PERSONAL SIGNATURE OF REGISTERED OWNER/OPERATOR DATE / /

Lodge this form at any Service SA Centre.

Post to: Service SA, Customer Service Section, GPO Box 1533, Adelaide SA 5001
Email to: SSACOG@sa.gov.au

ISMF Classification when complete –
SENSITIVE: PERSONAL – I3 – A3