

# Customer Relations Form

\* = required fields

**Title\*** \_\_\_\_\_

**First Name\*** \_\_\_\_\_

**Last Name\*** \_\_\_\_\_

**Contact Telephone\*** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Convenient Contact Time\*** \_\_\_\_\_

**Please provide your comments \***

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**Account Name or Policy Numbers (if applicable)**

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\_\_\_\_\_  
\_\_\_\_\_

**Completed form can be mailed or faxed to**

**Mail:** RACT Insurance  
Customer Relations  
Reply Paid 1292  
HOBART TAS 7001

or **Fax:** (03) 6232 6400