

Rental Vehicle Excess in Australia

DOCUMENT CHECKLIST

- Please read this checklist carefully and complete **ALL** steps outlined on this form, **including the declaration at the end of the form.**
- Please use block letters.
- Please remember if you have another insurer (home and contents or travel) you must give us details. In some instances, our policy may not cover you if you can make a claim against the other insurer. Please retain a copy of all documents for your record and submit them through with your claim.
- Please provide all original documentation. Please retain a copy of ALL documents for your record.
- Documents in a foreign language are required to be translated at your own expense.
- Please refer to the Required Documentation that you must provide to support your claim. As each claim is unique, further information may be requested by us.



Do not email copies of your credit card statement. If you are required to provide further documentation for your claim, a Claims Consultant will guide you through the process of sending these documents.



STEP 1 – CONTACT DETAILS

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Phone Number (H)	<input type="text"/>	Phone Number (M)	<input type="text"/>
Phone Number (W)	<input type="text"/>	E-mail Address	<input type="text"/>
Preferred Contact Method	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Post

STEP 2 – PAYMENT DETAILS

Provide your bank details for a direct credit to your nominated bank account. Please note we cannot deposit into a credit card.

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Account Holder Name	<input type="text"/>		
BSB	<input type="text"/>	<input type="text"/>	Account Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

How can we help?

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STEP 3 – CLAIM DETAILS

Please provide the following information regarding your Eligible Credit Card

1. The first six digits of the credit card:

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2. The last four digits of the credit card:

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3. Are you a card holder for this credit account?

Y / N If no, answer Q 4 - 6

4. What is the relationship between you and the cardholder?

Spouse

Dependent

Other: _____

5. Were you with the cardholder at the time of the incident?

Y / N

6. Do you permanently reside with the card holder?

Y / N

STEP 4 – TRAVEL ARRANGEMENTS

If **Yes**, please complete the following information. You must provide the additional required documentation for your claim to be processed.

Value of Purchase:

\$

Name on card

Bank Name

Card Type

Visa

Mastercard

Amex

Card Level

Gold

Platinum

Platinum Plus

Black

Other

Card Name

Altitude

Altitude Qantas

Altitude Business

Altitude Qantas Business

Earth

Singapore Airlines

55 Day

Business

Business Choice

Private Bank

Other

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DECLARATION AND DISCLOSURE AUTHORITY

I DECLARE THAT:

- I have read and understood and agree to the policy's Product Disclosure Statement (and/or Information Booklet) including the terms, conditions, limits, and exclusions that apply to eligibility for cover and further declare I am eligible to make this claim whether for myself or on behalf of any person for whom I act.
- I will use my best endeavours and render all reasonable assistance and co-operation to Allianz Global Assistance in the assessment of my claim;
- The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim;
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- I understand that by investigation of my claim or by accepting proofs of my claim, Allianz Global Assistance has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy;
- A photocopy of this Authority shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Global Assistance to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations described; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Global Assistance in its absolute discretion considers relevant for its assessment of initial or ongoing benefits of my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my Health insurance claims history, including Medicare;
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit.

FRAUD Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling 1800 453 937.

INTERNAL DISPUTE RESOLUTION Disputes are not an everyday occurrence, however, Allianz Global Assistance provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme.

PRIVACY By providing your personal information to us (whether by yourself or through someone on your behalf), you agree and consent to the collection, use, and disclosure of your personal information as set out in our Privacy Policy available on request (telephone 1800 023 767) or on the web at www.allianzworldwidepartners.com.au/privacy-and-security/ For example, we may disclose your personal information to third parties (some of whom may be located overseas) such as external claims handlers and data collectors who assist us manage claims, other insurers, travel agents, your broker, medical practitioners, your family members, loss adjusters and intermediaries, investigators and the Insurance Reference Service (IRS), and to our business partners to offer you products and services in which you may be interested. You have the right to seek access to your personal information at any time. Without your consent to our Privacy Policy, we may not be able to provide our services to you.

Signature of claimant	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Name of claimant	<input type="text"/>				
Signature of witness	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Name of witness	<input type="text"/>				

How can we help?