



Extended Warranty Claim Form

Details of the Card Holder

Full Name	<input type="text" value="Mr / Mrs / Miss / Ms"/>		
Address	<input type="text"/>		
Telephone (home)	<input]"="" type="text" value="["/>	Telephone (business)	<input]"="" type="text" value="["/>
E-mail Address	<input type="text"/>	Date of Birth	<input type="text" value="/ /"/>
Occupation	<input type="text"/>		
Card Type	<input type="text"/>	Issued by which bank	<input type="text"/>
Name on Card	<input type="text"/>		

In order to protect your credit card information please do not provide your full credit card number in this claim form, or with any of your supporting documents.

Claim Details

Product	<input type="text"/>		
Manufacturers Period	From <input type="text" value="/ /"/>	To <input type="text" value="/ /"/>	Date of loss <input type="text" value="/ /"/>
Describe the problems you are having with the unit			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Please Attach the Following to Your Purchase Cover Loss Report

- The original itemised sales receipt
- The credit card statement showing the purchase
- A copy of the Manufacturers Warranty for the purchased item
- Quotations for repair of damaged items. Where appropriate a report on the items condition



Electronic Funds Transfer (EFT)

Direct credit to NZ bank account. Please complete bank details and account number below

Bank Branch Country

Account Details

Bank Branch Account No. Suffix

OFFICE USE
Bank a/c checked

Payee Signature

Payee Name

Email: Address

AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent directly to you

Declaration And Privacy Consent

I/we print names

declare that the above answers and those contained in any attachments are true and note that the Insurer may rely on such answers in determining a claim. I/we have not concealed any material fact relating to this circumstance. I/we undertake to provide AIG Insurance New Zealand Limited (AIG) with assistance in dealing with this matter and understand that failure to co-operate with AIG and to provide all information relevant to the circumstance may result in my/our claim being denied.

Privacy

I/we consent to AIG in accordance with the Privacy Act 1993:

1. Collecting holding and using personal information including information by audio, photographic or video surveillance, provided for purpose of administering a claim including investigating, assessing and paying any claim made by me or on my behalf;
2. Disclosing personal information submitted to another AIG company, its staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act. Further information about this or making a privacy complaint can be obtained by emailing: privacy.officerNZ@aig.com

Note: AIG will only seek information which in its opinion it believes to be relevant to investigation of the claim.

Signature of Insured Person(s)

Date

Important Information

- You will need to attach substantiating documents as specified in this claim form.
- Failure to provide substantiating items may result in delays in processing your claim – if it is impossible to provide any of the items required please advise the reason.
- The issue of this form is not an admission of liability and is without prejudice

AIG Insurance New Zealand Limited

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