



# Purchase Protection Insurance

## 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.*

### Details of the Event

Date of event	<input type="text" value="/"/>	Time of event	<input type="text" value="AM / PM"/>
Address where the event occurred	<input type="text"/>		
Name and address of person causing the loss (if known)	<input type="text"/>		
Describe the event in detail	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

### Details of Lost / Stolen / Damaged Property

	Describe Property	Place of Purchase	Date of Purchase	Amount
1			/ /	\$
2			/ /	\$
3			/ /	\$
4			/ /	\$
5			/ /	\$
			Total Amount Claimed	\$



### Details of Previous Claims

	Date of Claim	Items Claimed	Company	Amount
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$
5	/ /			\$

### Details of Other Insurance

1. Do you have home/contents insurance?

Name of Insurer  Policy Number

2. Do you have jewellery or personal property insurance?

Name of Insurer  Policy Number

3. Do you have travel insurance?

Name of Insurer  Policy Number

4. Do you have motor vehicle insurance?

Name of Insurer  Policy Number

5. Have you submitted a claim for this incident on any of the above policies?

6. Have you received compensation for this incident from any other party?

If 'Yes' please provide details

7. Was the event reported to the police or relevant authority?

If 'Yes' please provide event/reference number

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account No

Payee Name

Email Address

Signature of Payee

OFFICE USE Bank a/c checked

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



## Declaration and Privacy Consent

Declaration

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 2020:

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](mailto: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

Please ensure you provide the following information and documentation:

Your card/account statement (from which the purchase was made) showing the following:

- Account holder's full name and address (i.e. statement's front page);
- Financial institution and type of account;
- Purchase of the item showing item/s claimed paid in full (if current statement has not been received, an internet banking printout can be provided along with the above from any statement period);
- Itemised purchase receipt;
- Completed and signed claim form.

### If Item(s) Damaged

- A quote for repair of the damaged item/s or certification from an authorised representative that the item is unrepairable.

### If Item(s) Lost or Stolen

- A police incident report/event number
- Confirmation from the relevant authority where the loss/theft occurred.

When you make a claim, we'll acknowledge receipt within 5 business days of receiving your claim and decide whether or not to accept your claim within 10 business days of the date that we have all the information we need to determine your claim.

If we require any further information from you, we will contact you on the telephone number you have provided in your claim form. If you have any questions, please phone 09 355 3100.



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