



## SECTION A – YOUR DETAILS

A1. Who is the Policy Holder?

Title First name Surname

A2. What are the first six digits of your BNZ Advantage Visa Platinum Card used to pay for the rental vehicle hire?

A3. How much of the Rental vehicle hire costs were charged to this card?

\$

A4. What date did you charge your original rental vehicle hire to your BNZ credit card?

/ /

A5. What is the Claimants ('you', 'your') name?

Title First name Surname

A6. What is your date of birth?

/ /

A7. What is your address?

Street address

Town / Country

A8. What are your contact details?

Home phone Work phone Mobile

Email

A9. What is your occupation?

A10. Have you made any insurance claims in the last five years?

Yes No

If you selected 'yes' please go to A11, otherwise go to A12.

A11. What are the details of those claims?

Name of insurer	Policy type	Description of loss	Date of claim	Amount claimed	Was claim accepted?
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
Total				\$	

A12. Have you lodged a claim under any other insurance policy?

Yes No

If you selected 'Yes' please complete A13.

A13. Who have you claimed against?



SECTION B – RENTAL VEHICLE EXCESS

Complete this section if you have incurred legal liability to pay an excess or deductible under a rental vehicle hiring agreement for loss or damage to a rental car you hired during your journey.

Claims evidence we require under this section.

- Your rental agreement and confirmation of the insurance you selected including any waivers.
- A police report.
- A statement from the rental organisation showing the amount you were liable to pay.
- The repair invoice for the damage to the rental car.

B1. Who was the rental vehicle hired from?

Rental organisation name	
Address	
Country	
Phone number	Email

B2. Who was the rental agreement issued to?

Title	First name	Surname
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B3. What was the make and model of the rental vehicle?

Make	Model
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B4. When did the rental period start?

/	/	/
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B5. When did the rental period end?

/	/	/
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B6. When did the accident giving rise to your loss happen?

:	AM	PM
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/	/	/
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B7. Where did the accident happen?

Location
Country

B8. What were you using the rental vehicle for when the accident happened?

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B9. Who was driving or who was in control of the rental vehicle when the accident happened?

Title	First name	Surname
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B10. Do you consider yourself liable for the loss or damage to the rental vehicle?

Yes	No
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B11. Did the police attend the accident?

Yes	No
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B12. Was there another vehicle involved in the accident?

Yes	No
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If you selected 'yes' please go to B13 otherwise go to B16.

B13. Who was driving the other vehicle?

Title	First name	Surname
Address		
Country		
Phone number	Email	

B14. What was the make and model of the other vehicle?

Make	Model
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B15. Who is the insurer of the other vehicle?

Company name
Location / Country

B16. What were the total repair costs for the rental vehicle?

\$
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B17. What excess were you liable to pay under your rental agreement?

\$
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B18. What excess was charged to you by the rental organisation?

\$
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B19. What were the circumstances that led to the accident? Please provide as much detail as possible.

If necessary a diagram may be used to depict the event.

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## SECTION C – DECLARATION

### You Must Sign Below

I/we (print name/s)

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.

### AUTHORITY:

I/we authorise any person or entity (including any hospital, physician or other person who has attended me, my employer, my accountant and other professional advisers, financial institutions including banks and insurers, government departments including Inland Revenue, telecommunications and internet service providers, airlines, hotels, shipping agents, and/or travel agents) to furnish AIG or its representatives with:

- I. copies of hospital and medical reports/notes which AIG considers relevant to the claim;
- II. information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment) which AIG considers relevant to the claim; and
- III. copies of any other documents or records considered by AIG to be relevant to the claim and which may include copies of employment records, income tax returns and bank statements.

I/we agree that a photocopy of this authorisation shall be considered as effective and valid as the original and authorise its use as such.

### UNTRUE / FALSE INFORMATION:

I/we agree to provide AIG or AIG representatives with all requested information or documentation relevant to our claim.

I am/we are aware that if I/we supply any untrue or false information and know it is not true, AIG shall have the right to refuse the claim in part or in full.

ICR (Insurance Claim Register Limited):

I/we agree that AIG may obtain information from, or provide information to the ICR that is relevant to this claim, your previous claims or future claims. This may include personal information about you and your claim.

### 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 the 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 located overseas, its staff members, the insured, other insurers and reinsurers, law enforcement agencies, investigators, lawyers, assessors, advisors, emergency providers, medical providers, travel carriers and the agent of any of these, insurance broker, insurance agent or intermediary, employer or other service provider to AIG for the purpose of administering my claim, including providing a report, data management and/or data analytics or claims recovery.

*Information is provided voluntarily however if AIG does not collect this information, it may not be able to assess a claim. Insured person have rights under the Privacy Act 2020 to access and correct their personal information. 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

I/we consent to AIG's assistance provider, recording all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

I agree ☐

Date

Name

Date

I Agree ☐

If you are signing on behalf of the Insured person, please state your authority to do so and relationship. Please complete:

Name

Phone

Position of Authority to sign - Nature of Relationship