

Air New Zealand - Rental vehicle excess claim form

Cover-More

TRAVEL INSURANCE

Submit your claim to Cover-More by:

Post: Air New Zealand Claims, C/o Cover-More Claims Department PO Box 105-203, Auckland 1143

Email: claimsprocessing@covermore.co.nz

NB: Original documentation will be required in order to finalise your claim.

Part 1: General information (this part of the claim form is compulsory)

Policy number **Unsure? Contact your issuing agent to obtain a copy of the Certificate of Insurance.**

a. Your information

Title Given name(s) Surname Date of birth / /

Occupation Mobile phone (or best other contact) Email address

Postal address Suburb City Postcode

Did you contact our emergency assistance team? Yes No

b. Payment

If your claim is approved we will deposit your settlement into your nominated account below (we cannot make payments to a credit card)

Name of bank Branch

Account holder name Account number

Please ensure that the bank account details you provide to us are correct. We will not be liable for any loss that you suffer as a result of payment(s) made to an incorrect bank account because the details you have supplied were incorrect. If you are unsure of your bank account details, please contact your bank or financial institution for assistance.

c. GST registered companies

Are you registered for GST Purposes? Yes No

Have you claimed or are you entitled to claim GST paid on the insurance policy under which this claim is being made? Yes No

d. Your declaration

I/we declare that:

- All statements and particulars stated on this form and all documents submitted are true and correct.
- I/we will use my best endeavours and give all reasonable assistance and co-operation to the insurers in the assessment of my claim.
- I/we have not withheld any material information connected with this claim that will inhibit the insurer's ability to make a fair and reasonable assessment of my claim.
- I/we acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Claims Register, other insurers and government agencies.

- I/we assign to the insurer all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

Signature of Policyholder(s)

Date

/ /

e. Credit card information

Some credit cards may provide travel insurance cover in some circumstances. Did you use a credit card to purchase your travel? (e.g. flights, accommodation, tours?) Yes No If yes, please complete the following:

Card type: Visa Mastercard Diners Amex

Card level: Gold Platinum Other

Name on credit card

If Other, please specify

Name of financial institution

REQUIRED DOCUMENTATION FOR ALL CLAIMS

Original itinerary

Certificate of Insurance

Air New Zealand Eticket/receipt

Part 2: Rental car insurance excess

Date of incident / / Time AM/PM Country Location

Please advise how the accident/damage/theft occurred

Did the damage occur whilst driving on an unsealed surface? Yes No

Excess you were liable to pay Repair costs Amount you are claiming

Was there another party at fault? Yes No

If yes, please provide the name and address of the at fault party as well as their insurance details if known.

Did the police attend the scene? Yes No Have you received compensation from any person or party involved? Yes No

If yes, what amount did you receive in compensation? Registration number of the at fault party vehicle

Note: If the cost of repairs was less than the excess charged, please contact the rental car company to obtain a refund of the difference.

REQUIRED DOCUMENTATION FOR RENTAL CAR INSURANCE EXCESS CLAIMS

- The Rental Agreement/contract showing the excess you were liable to pay in the event of damage or theft.
- A copy of the itemised repair invoice/quote showing the cost of repairs to the vehicle.
- A copy of the documents showing the amount debited by the rental car company for the damages/excess.
- The report made to the police or other relevant authority.
- If another party was at fault, written confirmation from them of the compensation payable by them/their insurer.

Part 3: Other expenses claimed

This section is for any other expenses not mentioned above.

Nature of expense	Amount claimed	Nature of expense	Amount claimed
1.		4.	
2.		5.	
3.		6.	

Please forward relevant supporting documentation to assist us in processing your claim. For more information, contact Customer Service on 0800 500 248