

REVOLUTION INSURANCE CLAIM FORM



Claim/Policy No:

IMPORTANT: Please read this before you start

- You must complete ALL steps outlined on this form, including the Declaration Section A.
- If you have another insurer (home, contents or travel) you must give us these details.
- Refer to the Claims Checklist below and the section under which you are claiming. This will give you details of the documentation that you may need to provide to support your claim. As each claim is unique, further information may be requested by us.
- We need all of the relevant specified documentation in the Claims Checklist to process your claim. Your claim will not be processed until all information has been received.

! Do not send copies of your credit card statement. If you are required to provide a credit card statement for your claim, you must remove the credit card and account numbers from the document and the documents must be posted to us. **!**

Claims Checklist – what do you need to provide?

Complete this Checklist and Steps 1 to 6 of this form	<input type="checkbox"/>	
Receipts for the items you are claiming	<input type="checkbox"/>	
Police report	<input type="checkbox"/>	If applicable
Photos of the event	<input type="checkbox"/>	If applicable
Evidence of legal liability (e.g. letter of demand, court summons, evidence of liability)	<input type="checkbox"/>	For third party liability
Any other supporting documentation	<input type="checkbox"/>	

Step 1: Claimant's details

Title (Dr/Mr/Mrs/Miss/Ms):	Given Name/s:	Family Name (Surname):
Policy Number:	Date of Birth: / /	
Home Phone:	Mobile:	
Email Address:	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	

Step 2: Details of event

Tick the box for the type of event which most closely resembles your claim. You may tick multiple boxes if applicable.

Reason for claim

Accidental Damage Third Party Liability Breakdown Theft Other (Please specify)

Claim Details

If you are claiming for theft, was your bike securely locked as specified in the policy wording? Yes No

Date and time of incident: _____ Location: _____

Describe the event: _____

Has a police report been filed? Yes No If yes, please provide any relevant details (e.g. name of the police officer, report number)

Were there witnesses (not involved in the event)? Yes No If yes, please provide contact details

Other parties involved in the event

Name:	Mobile number:	Email address:	Were they at fault?	Insurance company:	Policy number:

Step 3: Items being claimed

Full details of articles claimed:	Store where purchased:	Date of purchase:	Purchase price:	Amount claimed:	Proof of purchase attached?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 4: Other insurances/compensation

Do you have Contents insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer:
Have you lodged a claim for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number:
Are there any other relevant insurance policies which may be applicable to this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer:
Have you lodged a claim for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy number:
Have you received any other compensation for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details.
Have you commenced or are you seeking to commence any legal actions against third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide your solicitor's name & contact details:

How to contact us

Phone:

0800 400 132

Email claims and supporting documentation to:

revolution-admin@allianz-assistance.co.nz

Email claim questions, queries or feedback to:

revolution-admin@allianz-assistance.co.nzz

Address:

AWP Services New Zealand Limited t/a Allianz Partners

Allianz House · Level 3, 1 Byron Avenue, Takapuna · Auckland 0622 · New Zealand

Payment Details

Payments within New Zealand

Our preferred payment method is direct credit to a New Zealand bank account. Please provide your bank details below for direct credit to your nominated bank account.

We **cannot** make payment to a credit card. If you are not claiming any costs paid by yourself and we are required to make a payment on your behalf to a third party, no payment will be made until we have received payment of any applicable excess from you.

Bank name:			Account holder's name:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix		

Please double check that your bank account number is recorded correctly and clearly.

A bank account may have either a 2 digit or 3 digit suffix. Example: 12-3456-1111111-02 or 12-3456-1111111-002.

We do not charge a fee for payments we make directly to suppliers on your behalf, or for payments we make directly into your New Zealand bank account.

Section A: Declaration

I DECLARE THAT:

- I have provided all information that is relevant in any way to this claim and the information provided is true and correct to the best of my knowledge;
- I understand that the claim may be declined if the information supplied is untrue; and
- A copy of this declaration shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Partners to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations and declarations set out in this form; 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 Partners in its absolute discretion considers relevant for its assessment of initial or ongoing benefits of my claim including, without limitation:

- my insurance claims' history; and
- 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, including but not limited to financial institutions.

I authorise Allianz Partners to disclose my personal information to New Zealand and overseas recipients for the purposes of processing this claim, including disclosing my personal information to recipients overseas that may not be required to protect my information in a way that provides comparable safeguards to those in the Privacy Act 2020.

IMPORTANT INFORMATION

FRAUD If any claim is in any respect fraudulent, or if any false declaration is made or false or incorrect information is used in support of any claim, then Allianz Partners can, at its sole discretion, not pay your claim and cancel your cover under the policy from the date that the incorrect statement or fraudulent claim was made to us. You can help by reporting insurance fraud by calling 0800 630 117.

INTERNAL DISPUTE RESOLUTION Disputes are not an everyday occurrence, however, Allianz Partners 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 external dispute resolution scheme provider.

PRIVACY By providing your personal information to us to process your claim (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 the Privacy Notice in the Policy or in the Privacy Policy at www.allianzpartners.co.nz. You can seek access to and correct your personal information subject to the provisions of the Privacy Act 2020. You also acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those in the Privacy Act 2020. If you do not agree to the above or will not provide us with your personal information, we may not be able to process your claim.

Signature of claimant:

Name of claimant:

Date: / /