

Claimant's Name

Rental Vehicle Insurance Excess Waiver

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for

| your claim, and send by re | gistered post to ensure de | livery. | | | | | | | |
|--|--|---|--|--|--|--|--|---|--|
| Claimant Details | | | Claim Re | ference | (if known) | | | | |
| Title (Mr / Mrs etc) | | Surname | | | | Date of Birth | | | |
| | | | | | | | | | |
| Nationality | | | Occupation | | | | | | |
| • | | | | | | | | | |
| | | | | | | | | | |
| Home Address | | | Home Phon | e | | | | | |
| | | | Work Phone | ٠, | | | | | |
| | | | Mobile | | | | | | |
| State | Postcode | | Email | | | | | | |
| State | rostcode | | Linax | | | | | | |
| Policy Details | | | | | | | | | |
| Policy Number | | | Date Issued | / | / | Number o | of Travellers | | |
| Independent Travel Arrange | ments: Yes | No | If no, provide | e the follow | ing*: | J | | | |
| *Travel Agent and Branch | | | *Tour Opera | itor | | | | | |
| | | | | | | | | | |
| Date of Booking | Departure Dat | re | | Return D | Date | | Total Days | | |
| / / | / | / | 7 | | 1 / | | | | |
| Country | 7 | / | _ Resort / Tow | | , , | | | | |
| Country | | | Resolt/ Tow | | | | | | |
| | | | | | | | | | |
| Auto & General Insurance Com The information supplied by me information likely to affect the a I understand that the claim may have not revealed all relevant fa I understand that by investigatir General Insurance Company Li any of its rights in defence of ar A photocopy of this Authorisation original and I specifically author I appoint Auto & General Insurance expedient to: give effect to the transactions of | be denied if the information supcts; gray claim or by accepting proomited has made no acceptance on claim arising under the policy; on shall be considered as effective itse its use as such the company Limited to do everythe contemplated by the authorisation occuments or do any other acts report, institution, private or governments or do any other acts report in the contemplated by the authorisation occuments or do any other acts report in the contemplated by the authorisation acts of the contemplated by the authorisation occuments or do any other acts report in the contemplated by the authorisation as Autority of the contemplated by the authority of the contemplated by the contemplated by the authority of the contemplated by the cont | if my claim: that withheld any plied is untrue, fs of my claim, if liability, nor w e and valid as the hing necessary as described; an eferred to in the ent organisation f General Insu n your behal | ation to ongo all reco all re | poing benefits medical, surg recived by me and the land of the lan | sensitive information connection with thise and analyse data, a lisclose your personacessing this claim, in, service providers, opparties in the countrumary require assists getdirect@claims-tr | ng, without limitation ation concerning my taken or prescribed including Medicare; sets, liabilities, earnin who may have inform or receive an ongoing on collected in this form the collected in this form a claim will be held, und resolve claim disal and other informancluding other insurer as required by law. ies and regions nom ance. For further infoavel.com.au. | n: rself, my medic for me (at any gs, salary or wa mation relevan g benefit rm, and other i used and disclo putes. tion to third pa rs, health provi Your personal inated under y primation please | cal history, time); ages (at an at to my eli nformationsed by us arties who iders, inve- information our policy e see our p | ny time); igibility to on you or third it to process assist us in estigators, our on may also b y, or any other privacy policy |
| of (Address) | | | | | | | Postcode | | |
| Phone | | Mobile | | | | Date of B | Sirth | / | / |
| I have read and fully understa | nd the declarations above (AL | L persons clai | iming must sig | n) | | | | | |
| Claimant's Name | Çi | gnature | | | Date of Birt | h | Date | | |

Date of Birth

Signature

Date

| Rental Details | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| Rental company name | | | | | | | | | |
| Address | | | | | | | | | |
| Phone | | | | | | | | | |
| | | | | | | | | | |
| Rental car make (e.g Ford) Model (e.g Falcon) | | | | | | | | | |
| Rental start date / / Rental return date / / | | | | | | | | | |
| Is your rental vehicle in the list of excluded vehicles (see point number 2 in the General Exclusions of Section H): Yes No No | | | | | | | | | |
| Drivers Licence Number State of issue Expiry / / | | | | | | | | | |
| Class (e.g car, truck) Any restrictions | | | | | | | | | |
| Details of Incident | | | | | | | | | |
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| Enclosed Decuments Checklist - SEND ODIGINAL DOCUMENTS BUT VEED CODIES FOR VOLID BECORDS | | | | | | | | | |
| Enclosed Documents Checklist - SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS | | | | | | | | | |
| Original Rental Agreement | | | | | | | | | |
| Original Receipts and accounts for all expenses incurred | | | | | | | | | |
| Original bills and invoices | | | | | | | | | |
| Details of any other insurance | | | | | | | | | |
| Copy of your driver's licence | | | | | | | | | |
| Bank Details | | | | | | | | | |
| Should Auto & General Insurance Company Limited need to reimburse you we require your bank details. Name of Account Holder | | | | | | | | | |
| | | | | | | | | | |
| BSB Account Number | | | | | | | | | |
| GST (for domestic policy claims only) | | | | | | | | | |
| Are you registered for GST and did you claim a GST input tax credit on your premium? Yes No If yes, what is your input tax credit entitlement percentage: (i.e. a full entitlement is 100%) | | | | | | | | | |