

Claim Form



Submit your claim to Auto Europe by:
Email: customerservice@autoeurope.co.nz
Fax: +61 (2) 9939 8111

Post: Auto Europe Customer Service, PO Box 1321, North Sydney, NSW 2059 Australia

Phone: 0800 885 052

ALL SECTIONS MUST BE COMPLETED

PART 1: GENERAL INFORMATION

SECTION A: POLICY & PERSONAL INFORMATION

Title: Surname: Given Name/s:

Residential Address: Number / Street:

Suburb: State: Postcode: Country:

Telephone No: Home: Mobile: Business:

Email: Date of Birth:

Auto Europe Voucher Number:

Collection Date: / / Return Date: / /

SECTION B: PAYMENT METHOD

Direct Payment: Bank: Account Name:

Branch Number: Account Number:

SECTION C: EXCLUSIONS

In common with most car rental suppliers, Auto Europe Excess Refund Insurance does not cover:

- a single incident to windows, wheels, tyres, the roof, underside and interior of the vehicle, towing charges or damage / theft caused negligently, wilfully or recklessly.
- any claims where the vehicle (including 4 wheel drives) is taken off-road or on unsealed surfaces.
- driver negligence whereby the driver is under the influence of alcohol or other substances. In addition, the driver of the vehicle must meet the requirements of the car rental supplier as shown on the Rental Agreement provided on collection of the rental vehicle.
- theft covers the vehicle only and not personal items.
- keys lost and/or damaged are not covered.
- Consideration will be given to refund tyres only if the supplier includes the tyre repairs in their excess charges. Receipts for tyre replacement or repairs covered under a separate receipt obtained by a client will not be included for refund under this policy.

PART 2: INCIDENT INFORMATION

To avoid a delay in processing your claim the following documentation is required. Auto Europe will assist you should you have difficulty obtaining the car rental supplier's invoice and final repair invoice.

Car rental company's signed Rental Agreement showing the excess that was payable.

If another party was at fault, written confirmation from them of their details and agreement that compensation is payable by them.

The supplier's invoice showing the excess charged.

Copy of the repairer's itemised invoice showing the final repair costs.

A copy of an incident report and / or a police report if available - see Part 3.

A copy of your credit card statement showing the charges that have been debited.

NOTE: It is important to be aware that the initial charges you receive from the supplier might be the full excess. However once repairs are completed and the true repair cost is known the supplier will refund directly to a client the difference between the excess charged and the final repair costs. Auto Europe will therefore only refund the final repair costs. Auto Europe are not liable for any loss due to currency conversions between the initial charge and the final refund.

Date of Incident: / / Time: Location:

Please advise how the accident / damage / theft occurred:

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

Excess you were liable to pay: Final Repair Costs: Amount you are claiming:

Was another party at fault?: Yes: No:

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

PART 3: POLICE REPORT

Did the Police attend the accident?: Yes: No: N/A:

Police Report / Event Number:

PART 4: YOUR DECLARATION - MUST BE COMPLETED AND SIGNED

Declarations

Privacy:

When handling claims we may have to disclose and obtain your personal and other information to and from third parties such as other insurers, reinsurers, loss adjusters, medical attendants, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time.

Declaration:

I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Date:

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Signature of the Insured:

Date:

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Signature of the Claimant: