

# How to Submit a Claim

## TO SUBMIT YOUR CLAIM:

- STEP 1** Gather all your claim documentation
- STEP 2** Complete and sign the claim form
- STEP 3** Complete any other necessary forms
- STEP 4** Complete the checklist below
- STEP 5** Mail all documentation to Allianz Global Assistance

## IMPORTANT

- Written proof of claim must be submitted within 90 days of occurrence.
- You are responsible for any fees charged for completing this form or issuing supporting documentation.
- Please refer to claims procedures in the policy booklet.

## REQUIREMENTS FOR FLIGHT ACCIDENT

- Fully completed and signed claim form completed by either the insured person or in the case of death, by the appointed executor/executrix.
- Copy of flight itinerary.
- Copy of incident report from airline or airport.
- Copies of all hospital/medical reports (if applicable).
- Death certificate in the event of death.

## REQUIREMENTS FOR ACCIDENTAL DEATH & DISMEMBERMENT

- Fully completed and signed claim form completed by either the insured person or in the case of death, by the appointed executor/executrix.
- Police report including any witness' statements.
- Coroner's report and autopsy report.
- Death Certificate.
- Copies of all hospital/medical reports (if applicable).

### Send your completed forms and original receipts to:

Allianz Global Assistance Claims Department  
 P.O. Box 277  
 Waterloo, Ontario N2J 4A4  
 Canada

### To check your claim status, please call:

Toll-free Canada/USA: 1- 800- 869- 6747  
 Collect worldwide: 416-340-8809  
 E-mail: [claims.to@allianz-assistance.ca](mailto:claims.to@allianz-assistance.ca)

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## SECTION 1: PRIVACY AND DECLARATION

### Allianz Global Assistance Privacy Statement

Allianz Global Assistance is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At Allianz Global Assistance, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information<sup>1</sup> for the purposes of issuing, administering, adjudicating and/or servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about Allianz Global Assistance's privacy policy at [www.allianz-assistance.ca](http://www.allianz-assistance.ca). If you have any questions regarding our privacy practices, please contact the Privacy Officer at :

AZGA Service Canada Inc.  
o/a Allianz Global Assistance  
P.O. Box 277  
Waterloo, Ontario N2J 4A4  
Canada

Telephone: 416-340-1980  
E-Mail: [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca)

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I have read and understood the privacy statement and I consent to the collection, use, retention and disclosure of my personal information or those of my dependants for the purposes stated above. I understand that I may revoke my consent at any time in writing and acknowledge that should I do so, my claim may not be adjudicated.

I hereby assign to AZGA Service Canada Inc. o/a Allianz Global Assistance any benefits obtainable from other sources for losses covered under this policy. I authorize and direct these sources to release payments to Allianz Global Assistance and for Allianz Global Assistance to release pertinent payments to other parties for the purposes of processing my claim.

I certify that the information contained herein is true, complete and accurate and that each of the listed expenses was purchased and/or incurred in connection with the medical treatment of the individual(s) named below. I acknowledge that the submission of false or incomplete information may result in the delay or denial of this claim. In the event there is suspicion and/or evidence of fraud and/or plan abuse concerning this claim, I acknowledge and agree that Allianz Global Assistance may investigate any information about me, my spouse and/or dependents pertaining to this claim, which may be used and disclosed to any relevant Third Party, and where applicable my plan sponsor, for the purpose of investigating and preventing fraud and/or plan abuse.

If I receive payment from Allianz Global Assistance in an amount that exceeds the benefit(s) to which I am entitled under the policy (the "overpayment amount"), then I acknowledge and agree that: (a) I am indebted to Allianz Global Assistance for such overpayment; (b) Allianz Global Assistance has the right to recover the overpayment amount through any means available by law; and (c) Allianz Global Assistance will offset any benefits payable to me by the overpayment amount until Allianz Global Assistance has recovered the overpayment amount in full.

I declare my statements above, including all other past and future statements made through personal or telephone interviews relating to my claim, to be true, complete, current and accurate.

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MM/DD/YYYY

Insured's Name (please print): \_\_\_\_\_

Policy #: \_\_\_\_\_

## Claim Form

**SECTION A: CLAIMANT INFORMATION**

Insured's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: **MM/DD/YYYY** \_\_\_\_\_

Policy #: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: **MM/DD/YYYY** \_\_\_\_\_ Return Date: **MM/DD/YYYY** \_\_\_\_\_**SECTION B: DETAILS OF ACCIDENT**How did the accident occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_When did the accident occur? **MM/DD/YYYY** \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Where did the accident occur? \_\_\_\_\_

**SECTION C: MEDICAL INFORMATION**Cause of Death (if applicable): \_\_\_\_\_  
\_\_\_\_\_Details of injury(s) causing dismemberment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide attending doctor's name and telephone #: \_\_\_\_\_

Please provide the name of your usual family physician: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Date: **MM/DD/YYYY** \_\_\_\_\_

## Claim Form

**SECTION D: THIRD PARTY LIABILITY**

Was the accident as a result of negligence of another person or entity?  Yes  No If 'Yes', please provide full details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please provide the following information if your claim relates to a motor vehicle accident.**

Name of auto insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_ Policy number with auto insurance company: \_\_\_\_\_

**Please provide the following information if your claim relates to an airlight accident.**

Name of airline carrier: \_\_\_\_\_

Name of Airline Insurance carrier: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

**SECTION E: AUTHORIZATION AND CERTIFICATION**

Allianz Global Assistance is committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used only for the purpose of providing you with the requested insurance services. For a copy of Allianz Global Assistance's privacy policy, please contact us.

I authorize any doctor, hospital or facility providing medical or health-related services, and any other insurer to release and exchange with Allianz Global Assistance or its representatives, any personal information<sup>1</sup> that is required to process this claim. I assign to Allianz Global Assistance any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to Allianz Global Assistance. I also authorize any third party providing me with assistance in this claims process, to have access to any and all relevant claims information related to the adjudication of my claim with Allianz Global Assistance. I confirm I am authorized to act on behalf of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original. I certify that the information provided in connection with this claim is complete, true and accurate.

Full Name of Patient (please print): \_\_\_\_\_ Date: **MM/DD/YYYY** \_\_\_\_\_

I authorize payment of this claim to (print name): \_\_\_\_\_

Signature of Insured or authorized representative (if minor, signature of parent or legal guardian): \_\_\_\_\_

<sup>1</sup> **IMPORTANT:** Personal information excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

**Send your completed forms and original receipts to:**

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Waterloo, Ontario N2J 4A4, Canada

**To check your claim status, please call:**

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Collect worldwide: 416-340-8809

E-mail: [claims.to@allianz-assistance.ca](mailto:claims.to@allianz-assistance.ca)