

**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

**CHECKLIST**

Do you have:

- The fully completed claim form, signed and dated?  
*Incomplete claim forms will be returned to you and this will delay the processing of your claim submission.*
- Proof of ownership of lost/damaged/stolen or delayed items?  
*For example: receipts, credit card statements, photos, instruction manuals, etc.*
- A Baggage Irregularity Report for lost, damaged, stolen, or delayed items?  
*This may be filed with the airline, airport, cruise line, bus line, tour operator, hotel, etc. If the loss, theft, or damage was noticed only upon your return home, please notify the responsible party (airline, airport, cruise line, bus line, tour operator, hotel) and request a copy of a Baggage Irregularity Report. Claims without this report will not be considered.*
- A copy of a police report for items stolen at your area of destination?  
*Claims without this report will not be considered.*
- A copy of all documents for your records?

**IMPORTANT**

- All claims must be reported within 30 days of occurrence.
- 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.
- This form must be completed by the insured or by a parent or legal guardian if the insured is a minor.

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

Allianz Global Assistance Claims Department  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
Canada

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

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

## 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 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  
250 Yonge Street, Suite 2100  
Toronto, Ontario M5B 2L7  
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 #: \_\_\_\_\_

## SECTION 2: INSURED'S INFORMATION

Insured's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female Date of Birth: MM/DD/YYYY Policy #: \_\_\_\_\_  
 Second Insured's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Male  Female Date of Birth: MM/DD/YYYY Policy #: \_\_\_\_\_  
 Phone #:( ) \_\_\_\_\_ Fax #:( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Departure Date: MM/DD/YYYY Return Date: MM/DD/YYYY Destination: \_\_\_\_\_

## SECTION 3: TYPE OF LOSS

- Lost
  Theft
  Damage
  Delay

Describe how and where the loss occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date loss occurred: MM/DD/YYYY To whom was loss reported? \_\_\_\_\_

- Airline
  Cruise Line
  Bus Line
  Tour Guide
  Hotel
  Police  
 Other (please specify) \_\_\_\_\_

## SECTION 4: SCHEDULE OF ITEMS LOST, DAMAGED, STOLEN OR DELAYED

Attach separate sheet if needed.

Description of Item Claimed	Quantity	Owner of the Item	Date Purchased	Purchased Price (CAD)	Estimated Repair Cost or Actual Cash Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**SECTION 5: OTHER TRAVEL INSURANCE COVERAGE**How did the insured pay for the items being claimed for?  Cash  Cheque  Credit Card

If paid by credit card, benefits may be available through the card. Please provide the following information:

**Name and address of issuing bank for credit card** Name: \_\_\_\_\_

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

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

First 6 digits of credit card #: \_\_\_\_\_ Expiry Date: **MM / YYYY**

Cardholder's Name (please print): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Do you have insurance benefits available through homeowner's insurance, automobile insurance or any other source?

 Yes  No If 'Yes', provide details below.

Plan	Name and Address of Insurance Company	Policy #	Telephone #
Homeowners Insurance			( )
Tenants Insurance			( )
Travel Insurance other than Allianz Global Assistance			( )
Other			( )

Have you claimed from any other party?

 Yes  No If 'Yes', please attach a copy of their settlement or denial.

If you did not report the loss, please provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_Insured's Signature: \_\_\_\_\_ Date: **MM/DD/YYYY****SECTION 6: AUTHORIZATION AND CERTIFICATION**

I authorize any other insurer to release and exchange with Allianz Global Assistance or its representatives any information that the insurer requires 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 Insured (please print): \_\_\_\_\_

I authorize payment of this claim to (print name): \_\_\_\_\_ Date: **MM/DD/YYYY**

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

Signature of policyholder of other insurance specified in Section 5 (if applicable): \_\_\_\_\_