

Price Protection Claim

Latitude Insurance
PO Box 108022
Symonds St, Auckland
Phone: 0800 220 999
Fax: 0800 282 646
gemfinance.co.nz/insurance

How to help us process your claim

Important:

You may make a claim if an eligible item purchased on your card is reduced in price by more than \$10 at the store from which you bought it, or at a store of the same name at another location. More information on eligible Price Protection claims can be found in your Insurance Policy document.

Price protection claims – how to claim



Claims for a price reduction under \$200.

– Complete Section A

– Provide the original receipt of purchase

Claims for a price reduction over \$200.

– Complete section A

– Provide the original receipt of purchase

– Complete section B (Price Verification Form) only if you do not have an original catalogue, advertisement or promotional flyer (with a printed visible date) from the store of purchase showing the new reduced price.

Send the claim form and all attachments (including Price Verification Form if applicable) to:

Latitude Insurance
PO Box 108022
Symonds St, Auckland

Or Fax To: 0800 282 646

**Without the above information we will be unable to process your claim.
This could delay any payment to your account that you may be entitled to.**

If you are having any difficulties completing this claim form, please contact our Customer Service Centre on **0800 220 999**.

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Section A: Claim form

(If you are claiming for more items, please continue on a separate sheet)

Account holder's Details

Name	Title		First name(s)				Last name					
Address												
Mobile number					Home phone number							
Date of birth	/		/									
Card account number												

About the sale item

1. Was the original item purchased (please tick appropriate box)

New Sold as a second

2. Where was the original item purchased?

Retailer: _____

Location: _____

3. Was the full purchase price paid? YES NO

If NO, please state amount and reason for lower price being paid:

4. Was all of the purchase price paid on your Credit Card? YES NO

If NO, please give full details:

5. Was a warranty included in the full purchase price? YES NO

If yes, how much? \$ _____

6. Was the price reduction due to: Normal sale item Price matching
 Conditional on cash payment Special deal involving other benefits

7. CLOTHING Complete if item purchased was clothing (for other items see Q8)

Mens (M) Womens (W) Unisex (U)	Size e.g. S/M/L 14, 16, 18	Description e.g. Jumper, shirt, coat	Colour	Date of purchase	Date seen at reduced price	Actual price* paid^ (a)	Reduced price* (b)	Difference (a-b)

* After application of any storecard holder discounts.

^ Quote prices, not percentages.

Claim reduction must be \$10.00 or more

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8) OTHER ITEMS*

Description (Including make, model, etc.)	Date of purchase	Date seen at reduced price	Actual price* paid^ (a)	Reduced price* (b)	Difference (a-b)

* After application of any storecard holder discounts.

^ Quote prices, not percentages.

Claim reduction must be \$10.00 or more

Notification

The information we collect about you

- We may need to verify details, or seek additional information to fairly assess your claim.
- The information we collect may be passed on to a service provider appointed by us to assess your claim, or to an insurance reference bureau, law enforcement agency, or other insurance companies.
- If you don't provide us with all the information we ask for, we may not be able to deal with your claim.
- Wherever possible, you can have access to the information we keep about you, free of charge. If you'd like to know more about our privacy policy, please contact us on 0800 220 999.
- If you have any complaints, please contact us on 0800 220 999. We have established an internal process to review and explain our decisions and resolve disputes.
- If all avenues of resolving the problem have been exhausted, you may request us to refer your complaint to an independent external resolution process. This is an impartial body which aims to resolve complaints quickly and informally at no cost to you. Please contact us if you require further information about this process.

Declaration

Important Notices

- I declare that the information supplied by me on this form is in every respect true and correct and that I have not withheld any information likely to affect the acceptance of the claim. I also agree to the use and disclosure of the information described under the heading 'The Information We Collect About You'.
- I understand that the claim may be denied if the information supplied is untrue or I have not revealed all relevant facts.
- I hereby authorise the retail outlet to provide such information as Latitude Insurance considers necessary to evaluate my claim.
- A photocopy of this authorisation shall be considered as effective and valid as the original.

Your signature

Date

Please print your name here

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Section B: Price verification form

(To be completed by the store representative)

Important:

Only complete this form if the item you are claiming for has been reduced by more than \$200, and you have **not provided additional evidence of the price reduction** such as:

- An original dated promotional catalogue from the store of purchase showing the item at the reduced price or;
- An original advertisement or promotional flyer (with printed date visible) from the store of purchase showing the item at the reduced price.

	Title	First Name	Surname
Name of Account holder	<input type="text"/>		
Account/Card number	<input type="text"/>		

To be completed by store representative

Description of reduced item	Item Bar Code	Date item was reduced	Reduced price of item	Invoice number	Date of Sale

Store Details

Store name	<input type="text"/>
Store number	<input type="text"/>
Contact number	<input type="text"/>

Staff Member Details

Name	<input type="text"/>
Signature	<input type="text"/>
Job title	<input type="text"/>
Date	<input type="text" value="/ /"/>