Price Protection Claim

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 ONLY
- 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.

Privacy consent and declaration - read, signed and dated by you

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

GPO Box 1571
Sydney NSW 1025
Or Fax To: 1300 362 642

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 1800 800 230.
Price Protection Claim

Section A: Claim form
(If you are claiming for more items, please continue on a separate sheet)

Account holder’s details

Name
Address
Mobile 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 card account?  
   - [ ] 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)

<table>
<thead>
<tr>
<th>Mens (M)</th>
<th>Womens (W)</th>
<th>Unisex (U)</th>
<th>Size e.g. S/M/L</th>
<th>14, 16, 18</th>
<th>Description e.g. Jumper, shirt, coat</th>
<th>Colour</th>
<th>Date of purchase</th>
<th>Date seen at reduced price</th>
<th>Actual price* paid^ (a)</th>
<th>Reduced price* (b)</th>
<th>Difference (a-b)</th>
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* After application of any storecard holder discounts.
^ Quote prices, not percentages.
# Claim reduction must be $10.00 or more
## Price Protection Claim

### 8) OTHER ITEMS*

<table>
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<tr>
<th>Description (Including make, model, etc.)</th>
<th>Date of purchase</th>
<th>Date seen at reduced price</th>
<th>Actual price* paid (a)</th>
<th>Reduced price* (b)</th>
<th>Difference (a-b)</th>
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* After application of any storecard holder discounts.
* Quote prices, not percentages.
# Claim reduction must be $10.00 or more

### Privacy Reminder

As advised in your PDS, we collect personal information about you so that we can process your claim. We may also disclose personal information to third parties to assist us (and where applicable them) in processing your claim. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it. For details of how we collect, use and disclose your personal information, please refer to our Privacy Policy at www.latitudefinancial.com.au/privacy

You can access and correct the personal information we hold about you (subject to the Privacy Act 1988) by telephoning 1800 800 230 or writing to us at GPO Box 1571, Sydney NSW 1025.

### Declaration

(to be signed and dated by you)

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 ‘Privacy Reminder’.

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 Hallmark General Insurance Company Ltd. considers necessary to evaluate my claim.

A photocopy of this authorisation shall be considered as effective and valid as the original.

Your signature

Please print your name here ___________________________ Date: _ _ / _ _ / _ _ _ _

### Authorised Third Party (ATP)

By completing this section, you authorise Hallmark General Insurance Company Ltd. to disclose and discuss information relating to claims on your policy to the person nominated below. We will only provide information to the ATP on: claim approval, claim decline decision (not reasoning behind decision), claim wait periods, any claim information requested and/or payment amounts and schedule of payments.

You must ensure the ATP is aware of our Privacy Policy and agrees to their personal information being collected, used and disclosed accordingly.

My personal details.
Name: ____________________________________________________________ Date: _ _ / _ _ / _ _ _ _

Signed by: __________________________________________________________ Date: _ _ / _ _ / _ _ _ _

My authorised person’s details.
Name: ____________________________________________________________
Address: __________________________________________________________

Date of birth: _ _ / _ _ / _ _ _ _ Relationship with person named above: __________________________________________

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## Price Protection Claim

### 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.

<table>
<thead>
<tr>
<th>Name of Account holder</th>
<th>First Name</th>
<th>Surname</th>
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<th>Account/Card number</th>
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### To be completed by store representative

<table>
<thead>
<tr>
<th>Description of reduced item</th>
<th>Item Bar Code</th>
<th>Date item was reduced</th>
<th>Reduced price of item</th>
<th>Invoice number</th>
<th>Date of Sale</th>
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**Store Details**

Store name

Store number

Contact number

**Staff Member Details**

Name

Signature

Job title

Date

/ / /