

Price Protection Claim

Latitude Insurance
GPO Box 1571
Sydney NSW 1025
Phone: 1800 800 230
Fax: 1300 362 642
www.latitudefinancial.com.au/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 **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**.

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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 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)

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

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: _____

Signed by: _____ Date: __ / __ / ____

My authorised person's details.

Name: _____

Address: _____

Date of birth: __ / __ / ____ Relationship with person named above: _____

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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

Store number

Contact number

Staff Member Details

Name

Signature

Job title

Date