



The Extended Warranty Claim Instructions contains four sections:

- Section 1: Information about the Cardholder/Certificate Holder
- Section 2: Description of Purchase
- Section 3: Description of Issue
- Section 4: Authorization and Declaration

Note:

- Please print all information using a ball point pen.
- Initial all corrections/changes, including any changes you make with correction fluid (liquid paper).
- Completion of all four sections is required and any missing information may result in the delay of the processing of your claim.
- Checkboxes are provided below to assist you in completing the claim package.
- If you have any questions, please contact our Administrator at 1-800-293-4941.

Instructions for the Claimant

Check if
completed

- Please complete and sign the attached claim form.
- Please provide the following documentation, if applicable, and check the appropriate box for each item included:
 - Copy of your monthly credit card statement and receipt, indicating original purchase price)
 - Copy of the itemized store receipt for the item purchased
 - Serial number if available
 - Copy of the original Manufacturer's Warranty valid in Canada
- Retain a copy of the completed claim package for your records
- Return the original forms to:

Allianz Global Assistance
P.O. Box 277
Waterloo, ON
N2J 4A4
Fax: (519) 742-9471



Section 1: Information about the Cardholder/Certificate Holder

Mr Mrs Ms Miss

Case # (if applicable): _____

Name: _____ Date of Birth: _____
(Last Name) (First Name, Initial) (Month, Day, Year)

Address: _____
(Number) (Street)

(City) (Province) (Postal Code)

Home Phone:(____)____-____ Business Phone :(____)____-____

Credit Card # (last four digits) _____ Name as it appears on card _____

Date of Birth of Cardholder _____
(Month, Day, Year)

Have you made a prior Extended Warranty claim? Yes No If yes, when? _____
(Month, Day, Year)

Section 2: Description of Purchase

Description of Item: _____

Manufacturer's Name: _____

Model No.: _____ Serial No.: _____

Section 3: Description of Issue

Description of Issue _____

Date problem occurred _____
(Month, Day, Year)

Original Warranty Period _____ through _____
(Month, Day, Year) (Month, Day, Year)

Purchase Date _____ Purchase Price \$ _____ CAD
(Month, Day, Year)

Was the total purchase price of the item charged to your credit card? Yes No

Section 4: Authorization and Declaration

- I declare that all the statements made in this claim form are accurate, true and complete. I understand that making false, misleading or incomplete statements may cause not only the claim to be denied, but insurance coverage to be rescinded by the Insurer. The undersigned agrees to refund the amount of any payments that should not have been made.
- I authorize any other insurance carrier to release and exchange with TD Home & Auto Insurance Company ("TD H&A") and its administrator Allianz Global Assistance ("Allianz") or its representatives benefits payment information relating to this claim.
- The information provided with respect to this claim will be used by TD H&A and its administrator Allianz or their representatives to investigate any losses, assess any entitlement to benefits and to administer this claim, and as otherwise indicated in the privacy terms available at td.com/privacy, or included with your credit card. We will investigate and administer this claim by consulting the insurer's existing files and by exchanging information with the undersigned and third parties, such as law enforcement, fire and emergency services departments, parties involved with any subrogation action, and other independent sources
- I authorize Allianz (including its representatives or affiliates) to disclose to TD H&A any information relating to this claim that it may have in its possession including information it obtains from third parties. I am aware that any authorization I provide to Allianz to obtain information about this claim from any third party is also an authorization for TD H&A to obtain copies of the information.
- I also authorize the Insurer, its reinsurers and its respective agents to exchange and/or transmit information concerning this claim to the organizations listed above as is necessary to evaluate this claim. This consent shall be valid during the continuation of such claim.
- I understand that if I am a dependant under this insurance coverage, the named insured will have access to information related to this claim in connection with the administration of this plan.
- I agree that a photocopy or facsimile of this authorization shall be valid as the original and that this authorization shall be considered valid for the duration of this claim, but not to exceed two years from the date it is signed. I understand information about me may be reviewed in the event that this plan is audited.

Claimant _____
(Last Name) (First Name, Initial)

Signature of Claimant _____ Date: _____
(Month, Day, Year)

Please note that photocopies and scanned images are acceptable.

Original documents will not be returned upon completion of your claim.