

早期帰国の場合：記入例

Insured Name: お客様の名前をローマ字で記入

Policy Number: 保険証券番号 8桁

Partial Refund: これを選択

PROVIDE THE REASON FOR YOUR REFUND REQUEST

例のとおり記入

Policy Number: 保険証券番号 8桁

Policy effective date (refund date): 日本帰国日を記入 月/日/年の順
パスポート帰国印や航空券の日付と一致すること

Refund Payable to (please print): お客様の名前あるいは返金受取人の
名前をローマ字で記入

Mailing Address: 日本の住所（郵送先）をローマ字で記入

Name: 名前、ローマ字活字体

Signature: 署名、ローマ字筆記体か漢字の署名

Date Completed: 署名をした日付 月/日/年の順

2ページ目を参照してください。

Premium Refund Request Form

Allianz 

Global Assistance

PLEASE COMPLETE IN FULL AND ATTACH ALL REQUIRED DOCUMENTS*

A separate form must be completed for each policy

(* Incomplete request form and/or insufficient documents may cause delay in your refund)

IMPORTANT NOTES:

- Refunds for plans that include Trip Cancellation & Interruption, require proof that all penalties have been waived by the travel supplier.
- Emergency Hospital & Medical Multi-Trip Plans are not refundable after the effective date.
- Refund amount less than the minimum premium will not be issued.
- Refunds will be processed back to the method of payment. Please provide the payee's name and mailing address in the event a cheque has to be issued.

(* Please note required documents may include sensitive personal information. Collection of this personal information will only be used for the purpose to issue a refund.

Insured(s) Name(s)

Policy Number

Partial Refund

Full Refund

PROVIDE THE REASON(S) FOR YOUR REFUND REQUEST:

(Please refer to the Premium Refunds section of your policy booklet for the complete list of valid reasons, limitations, conditions and required documents that apply to your insurance plan.)

CLAIM WAIVER (to be signed by insured)

I/we declared that I/we have not made a claim, nor will I/we made any claims against **Policy Number** _____.

In consideration of a refund, I/we hereby surrender all rights and privileges that I/we may have pertaining to the above cited

Policy effective date (refund date) MM/DD/YYYY .

I/we consent to the collection of our personal information for the purposes of issuing a refund. I understand I can request my personal information to be deleted at any time by contacting the Privacy Officer at privacy@allianz-assistance.ca

Refund Payable to (please print):

Mailing address:

Name	<i>Hanako Yamada</i> Signature	Date completed
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THIS SECTION ONLY TO BE COMPLETED BY TRAVEL AGENT/ADVISOR

Signature of Travel Agent/Advisor

Agency code

Policy number

Refund request forms can be scanned, along with required documents and emailed to Policy Management at refunds@allianz-assistance.ca or by Toll-free fax at 1-866-694-8032.