



Travel Insurance Claim Form

Policy Details

Insurance co:
Policy no:

Claimant's Details

Name of claimant:
Residential address:
Phone nos: Home: Business:
Date of birth:

Departure and Arrival Dates

Date of intended or actual departure from your usual place of residence or employment for the journey from New Zealand:
Date of intended or actual arrival at your usual place of residence or employment following your journey from New Zealand:

Baggage and Money

Date of loss/theft/damage: Time: am/pm
Place:

Describe exactly what happened:

Was the matter notified to the Police/Airline/Hotel? YES/NO

If "Yes" attach a copy of the report and any reply.
If "No" please provide an explanation.

What other steps have been taken to recover the property?

Do you have any other insurance on the property? (Eg Householder's insurance):

If "Yes" please provide details:

Does the property belong to any other person?

Description of property damaged or lost	Where purchased	Date of purchase	Original cost	Replacement value or Cost of repairs

Please attach: Valuations and/or original purchase receipts
 Repair or replacement invoice

Loss of Deposits/Travel Delay/Interruption/Curtailment

What date was deposit paid?

What was the date and reason for trip cancellation?

Date:

If cancellation was due to illness, accident or death of person other than the claimant, please provide the name, age and relationship of the person concerned:

Name: Age:

Relationship:

Name & Address - Airline/Hotel etc	Phone no	Amount paid	Amount refunded	Residual loss
Total				

Loss of Deposit Claims Only: Declaration by Travel Consultant

I declare that the information shown is correct and that I have taken all possible steps to recover the maximum amounts refundable. The amounts claimed have not been and cannot be recovered.

Dated at..... thisday of 2002

Signature Name

Company name

Address

For loss of deposit claims: Please attach a detailed outline of your planned itinerary, including dates of departure and return.

For other claims: Attach all available documents, receipts/invoices, which support the circumstances relating to your claim. You are required to provide medical evidence if your claim is the result of a medical condition. Call your insurer to obtain a medical certificate for completion or obtain a letter from your doctor detailing date of diagnosis, treatment provided, etc.

Medical/and Personal Accident and Sickness

Patient's name:

Date of birth:

Date illness or injury first occurred: Time: am/pm

Location/country:

Describe the nature of the illness/injury:

How did the illness/injury occur:

Have you ever suffered from this illness/injury before?

If "Yes" please state when and provide full details:

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Provide details of your general practitioner and treating doctor:

Name	Address

Are these expenses recoverable from any other Society/ Organisation/ Insurer?

If "Yes" provide details:

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Itemise the expenses incurred:

Name & Address of Medical Attendant/Provider	Nature of Illness/Injury and Treatment	Amount
Total:		

Attach copies of Medical/Hospital/Accounts, receipts and any other documentation that supports your claim.

For medical claims totalling over \$200 a Medical Certificate will be required.

The Declaration must also be signed by the person that the expenses relate to if other than the claimant.

Other - Kidnap & Ransom/ Hijack & Detention/ Alternative Employee/ Resumption of Assignment Expenses/ Collision or Damager/ Personal Liability

Date of event:

Location/Country

Describe exactly what happened:

Itemise the expenses incurred:

Description	Amount
Total:	

Declaration

I declare that to the best of my knowledge the particulars are true and correct, and that I have not withheld any information that is relevant to this claim. I will notify the Insurer immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered and surrender the property or refund the amount of money received in compensation to the insurer.

I accept that wilful or reckless exaggeration or inflation of the amount/s claimed will result in automatic forfeiture of the claim and the policy shall be void.

I request and authorise any hospital, doctor, or other person who has attended or examined me to furnish to the insurer or its representative all information concerning any illness or injury suffered, medical history, consultants, prescriptions, or treatments including x-ray plates and copies of all hospital or medical records, that they may be included as a part of the proof of the claim submitted. A photocopy of this authorisation will be considered as effective and valid as the original.

I authorise the disclosure to the insurer of personal information held by any person or organisation regarding or affecting this claim and authorise the insurer to release to any other relevant person or organisation information regarding or affecting this claim.

Dated at _____ this _____ day of _____ 2002

Signature _____

Name _____

Address _____

Witness Signature _____

Name _____

Address _____

The personal information collected on this claim form will be held by the insurer and you have rights of access to and correction of this information under the Privacy Act 1993.

