

TRAVEL AND ACCIDENT INSURANCE CLAIM FORM

To assist us to consider your claim as soon as possible, please answer ALL questions in full. Personal information entered onto this Claim Form will be held by Limited in accordance with the Privacy Consent and Declaration set out in this Claim Form.

1. INSUREDS/CLAIMANTS DETAILS

Name of Insured: Policy Number:

Name of Claimant:

Claimant's Residential Address:

Phone Numbers:
Residential: Business: Mobile:

Date of intended or actual departure from your usual place of residence or employment / /
for the journey from New Zealand Day Month Year

Date of intended or actual arrival at your usual place of residence or employment / /
Following your journey from New Zealand Day Month Year

2. LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY, CREDIT CARDS

Loss, Theft or Damage

Date: / / Time: am/pm Place:

Please describe exactly what happened:

Was the matter reported to the Police, Airline or Hotel? YES NO

If Yes, please attach a copy of the report and any other correspondence.

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, e.g., householder's contents insurance?

YES NO

If Yes, please provide details

Description of Property Lost or Damaged	Where Purchased	Date of Purchase	Original Cost (attach receipt)	Replacement Value or Cost of Repair	FOR OFFICE USE

3. TRAVEL CANCELLATION, CURTAILMENT AND ADDITIONAL EXPENSES; MISSED TRANSPORT CONNECTION

What date was the deposit paid?

/ /

What was the date and reason for the cancellation of your journey?

/ /

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

Name:

Age:

Relationship:

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Name, Address & Telephone Number of Airline, Hotel, Rental Car Company, etc.	Amount Paid NZ\$	Amount Refunded NZ\$	Residual Loss NZ\$
TOTAL			

For Loss of Deposits Claims Only Declaration by Travel Consultant/Agent

I declare the information provided on this form is correct and I have taken all possible steps to recover the maximum refundable amount. The amounts claimed have not been and cannot be recovered.

Dated at this day of 20

Signature: Company Name:

Company Address:

Name (print):

For Loss of Deposits claims, please attach a detailed planned itinerary, including dates of departure and return.

For other claims, please attach all available documents, receipts and invoices that support your claim.

If your claim is the result of a medical condition you are required to provide medical evidence in support of this. You need to obtain a letter from your doctor detailing the date of diagnosis, treatment provided, etc. and attach it to this claim.

4. PERSONAL INJURY; MEDICAL; MEDICAL EVACUATION

Patient's Name: Date of Birth: / /

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

Location/Country:

Describe the nature of the injury or illness:

How did the injury or illness occur?

Have you ever suffered from this injury or illness before? YES NO

If Yes, please state when and provide full details.

Please provide details of your General Practitioner and Treating Doctor(s):

Doctor's Name	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are these expenses recoverable from any other society, organisation and or insurer? YES NO

If Yes, please provide details:

Itemise the expenses incurred:

Name and Address of Medical Provider	Nature of Injury/Illness and Treatment	Amount in NZ\$
TOTAL		

5. OTHER

REPATRIATION OF MORTAL REMAINS; PERSONAL LIABILITY; ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES; RENTAL VEHICLE COLLISION DAMAGE AND THEFT; EXTRA TERRITORIAL WORKERS' COMPENSATION; KIDNAP, RANSOM AND EXTORTION; POLITICAL AND NATURAL; TRAVELER'S FAMILY ASSISTANCE.

Date of Event: / /

Location/Country: _____

Describe exactly what happened:

Itemise the expenses incurred:

Service Provider	Description of what expenses were for	Amount in NZ\$
TOTAL		

6. PRIVACY CONSENT AND DECLARATION

Privacy

Insurance Wholesale Limited collects, uses and retains your personal information only in accordance with the principles in the Privacy Act 1993. Your personal information will be used by, or any third party that provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- any information provided in relation to your claim;
- any information that is health information or sensitive information;
- any other personal information that you may provide to Insurance Wholesale Limited or its third party contractors;
- any information relating to the insurance policy on your life, including terms and conditions and claims history;
- details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- any other information relating to your income and solvency.

To process your claim we may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the “Parties”). You agree that the Parties may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. May also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, may not be able to process or assess your claim.

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 immediately if any of the loss or stolen property mentioned in this claim is subsequently recovered and surrender the property or refund the amount of money received in compensation to.

I accept that wilful or reckless exaggeration or inflation of the amounts 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 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, so that they may be included as a part of the proofs of the claim submitted. A photocopy of this authorisation will be considered as effective and valid as the original.

I authorise the disclosure to Insurance Wholesale Limited of personal information held by any other person or organisation regarding or affecting this claim and authorise Insurance Broker's (International) Limited and First Assistance Limited to release to any other relevant person or organisation information regarding or affecting this claim.

Dated at this day of 20

Signature:

Witness Signature:

Name (print):

Witness Name (print):

Address:

Witness Address:

Person the expenses relate to if other than the claimant

Signature:

Address:

Name (print):