

Travel Insurance Claim Form



1. Claimant Information

Full name(s)	(Mr, Mrs, Miss, Ms)		
Postal Address			
Date of birth	/	/	
Telephone numbers	Home	Business	Mobile
Email			
Fax number	Relationship to Policy Holder		
Preferred method of Settlement	Cheque	Direct Credit	Name of Account
Bank	Branch	Account Number	Suffix
(Please provide a bank deposit slip if this option is chosen)			
Note: If your bank charges a fee to receive the insurance settlement, the fee will not be reimbursed by the insurer			
Cheque to settle this claim should be sent to?	Claimant	Insured	
Payee Name			
Address for sending cheque			

2. Details of Travel

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 from your usual place of residence or employment for the journey to New Zealand	/	/
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3. Baggage, money and personal effects claims

Describe exactly what happened and the loss or damage that resulted. (Continue in notes if necessary)

Date and time of event / / am /pm Place

Describe the actions you've taken to recover the property:

I,

(In case of baggage lost or damaged by the Airline, the Insured needs to have reported the loss to the Airline because the first liability is theirs. We will only pay amounts over and above their compensation (as per the Warsaw Convention).

Was the matter reported to the Police/relevant authority? If 'Yes' attach report and any reply, if 'No', please explain why:

In case of Airline Baggage Claims, please attach a copy of the Property Irregularity Report (PIR), and the Airline's response, or state the airline Baggage Claim number

Is the property yours? yes no

Was there other insurance? yes no

If yes, insurer & Policy Number

Description of lost/damaged Property (including make and model)	Retailer from which it was purchased	Date of purchase	Age of property	Original Cost (attach receipt)	Replacement cost, or cost of repair

(Attach separate sheet if necessary)

Please attach - valuations and/or original purchase receipts/credit card statements, repair or replacement invoices

4. Medical & Personal Accident & Sickness claims

Patient's Name Date of birth / /

Relationship to claimant Date illness/injury first occurred / /

Date when symptoms occurred / / Location/Country

Time Describe the nature of the illness/injury

Have you suffered from the same or similar condition before? yes no

If yes, please describe:

If hospitalised, please state the name of the hospital:

Dates of Hospitalisation: FROM / / TO / /

Please attach copies of your hospital records and discharge card.

Provide details of your General Practitioner in New Zealand

Provide details of the Treating Medical Officer and facility overseas

Itemise the expenses incurred for this illness/injury (It's necessary to know the date of consultation in relation to policy period and travel dates)

Provider Name and Address	Date of consultation	Cost

Provide details if these expenses can be claimed from any other society/organisation/insurer (ACC, Southern Cross etc...)

Please provide details of any additional expenses claimed

Please attach copies of Medical/Hospital and other accounts, receipts and any other supporting documentation that supports your claim. For Medical Claims totalling over \$500 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.

5. Claims for loss of deposit and additional expenses due to travel disruption, missed connection or curtailment

Date the travel was booked / / Date the deposit was paid / / Date the trip was cancelled / /

Reason for cancellation

If the cancellation/curtailment was due to the **illness, death or an accident to another person** provide the details below

Was the cancellation/curtailment due to a pre-existing medical condition? yes no

Name Age Relationship to claimant

Name of patient's GP Phone no.

Address: Date of first treatment / /

Name, address and telephone number of the Airline/Hotel/Travel Agent etc	Amount paid	Amount refunded	Residual loss
TOTAL			

6. Travel Agent Declaration

I declare that the information given is correct and that I have taken all possible steps to recover the maximum amount refundable. The amount claimed cannot be recovered.

Date / / Signature Name

Company Name

Address

Note: For Loss of Deposit Claims a detailed outline of the planned itinerary, including dates of departure and return must be attached. For other claims, all available documents, receipts/invoices that support the claim are to be attached. Medical evidence is required if the claim is the result of a medical condition. Obtain a letter from your doctor detailing the date of diagnosis, date of first consultation and the treatment provided, or prognosis.

7. Maternity Care Claims

Name of Claimant

Expected delivery date

/ /

Doctor's name

If complications occurred, please give details of what happened and the treatment incurred

Attach a letter from your doctor describing the maternity care to be provided and the likely costs of care

8. Other Claims

* Other includes the cost of replacing an employee who has returned to New Zealand, personal liability claims, claims to cover the excess arising from damage to a rental car, and kidnap and ransom.

Date of event

/ /

Location/Country

Describe exactly what happened (continue on reverse if necessary)

Describe and Itemise expenses

Amount

TOTAL

- Please enclose a copy of the Rental Car agreement
- Copy of the Third Party's claim on you and copies of invoices for expenses incurred/damaged items
- Enclose a copy of the policy report concerning the kidnap, or the police file number

Privacy Act 1993

Personal information is collected to assist in evaluating your claim. The information will be held by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland ("Vero"). Failure to provide any personal information requested may result in your claim being declined.

Details of this claim may be placed on the database of the Insurance Claim Register Limited ("ICR Ltd"), PO Box 474, Wellington, where it will be retained and be available to other Insurance Companies to inspect.

Individuals have a right to request access to, and correction of, their personal information pursuant to the Privacy Act 1993

