

# Travel Insurance Claim Form

**Good2Go! Travel Insurance** is issued/insured by American Home Assurance Company (New Zealand Branch), trading in New Zealand as Chartis. Please print out for signatures and post original to **Good2Go! Travel Insurance** PO Box 1745, Shortland Street, Auckland 1140. You will need to attach substantiating documents as specified in this claim form. Failure to provide substantiating items may result in delays in processing your claim - if it is impossible to provide any of the items required please advise the reason.

The issue of this form is not an admission of liability and is without prejudice.

All questions in this section must be answered

## PERSONAL DETAILS

|                  |   |                          |  |
|------------------|---|--------------------------|--|
| Full Policy No   | <input type="text"/>                              |                          |  |
| Full Name        | <input type="text" value="Mr / Mrs / Miss / Ms"/> |                          |  |
| Address          | <input type="text"/>                              |                          |  |
| Telephone (home) | <input type="text" value="( )"/>                  | Telephone (business)     | <input type="text" value="( )"/>   |
| Occupation       | <input type="text"/>                              |                          |  |
| Date of birth    | <input type="text" value="/ /"/>                  | Period of journey – from | <input type="text" value="/ / 20"/> to <input type="text" value="/ / 20"/> |

## COMPANY AUTHORISATION

**IMPORTANT – Only fill in if you are claiming under a business travel policy. This section is to be completed by an authorised officer of the insured company.**

|  |  |
|--|--|
| Name of Insured Company  | <input type="text"/>                               |
| Travellers relationship to Insured Company   | <input type="text"/>                               |
| Did the loss occur whilst on Authorised Business Travel?                               | <input type="radio"/> Yes <input type="radio"/> No |
| Please advise nature of business   | <input type="text"/>                               |
| If travel for leisure, was this Authorised for all persons claiming under this policy? | <input type="radio"/> Yes <input type="radio"/> No |

## Details of journey

|  |  |             |                                     |
|--|--|-------------|-------------------------------------|
| Departure date                             | <input type="text" value="/ / 20"/>                | Return date | <input type="text" value="/ / 20"/> |
| Was an air trip involved in the travel?    | <input type="radio"/> Yes <input type="radio"/> No |             |                                     |
| If 'Yes' please give details               | <input type="text"/>                               |             |                                     |
| <input type="text"/>                       |  |             |                                     |
| Name (please print)                        | <input type="text"/>                               |             |                                     |
| Position of Authority to represent Company | <input type="text"/>                               |             |                                     |

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature            | Date / / 20          |

Continued...

The following sections to be completed by the claimant

**SECTION 1 – LUGGAGE AND PERSONAL EFFECTS**

Give full details of how loss, damage or theft occurred:

Date of occurrence  /  / 20  at  AM/PM Date loss reported  /  / 20  at  AM/PM

Name of Authority Loss reported to

Address

Were articles lost by Carrier? (eg Airline)  Yes  No

Carrier Name

Have You made a claim yet?  Yes  No

Claim No.

*NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first.*

Have you lodged a complaint against any other authority or against any individual responsible for the loss or damage to your property?  Yes  No

If so, give details and **attach copies of correspondence**

Are any of the items covered by other insurance?  Yes  No

If Yes – which Company?

Were all the missing articles your property?  Yes  No

If not, who is the owner?

Give a full description of type and size of suitcase or bag in which missing goods were carried

|    |   |                |                            |   |         |
|----|---|----------------|----------------------------|---|---------|
| 1. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 2. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 3. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 4. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 5. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 6. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|    | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |

Continued...

|     |   |                |                            |   |         |
|-----|---|----------------|----------------------------|---|---------|
| 7.  | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 8.  | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 9.  | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 10. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 11. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 12. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |
| 13. | Full details of article claimed (including value of case) |                |                            | Name and address of supplier from whom goods were purchased |         |
|     | Date of Purchase  | Purchase Price | Deduction for Depreciation | Amount Claimed  | Remarks |

**The following items must be included with this claim**

1. Report or letter from Authority (e.g. Police, Airline) regarding the loss, where available.
2. Proof of original purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Card Vouchers, etc.)
3. Please also attach receipts for any items which you have replaced already.

**NB: Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.**

**SECTION 2 - MEDICAL EXPENSES OR CASH IN HOSPITAL**

Date of Accident or Date Symptoms of Sickness first appeared  /  / 20

Where were you? Place

Town/City  Country

Give full details of Injury or Illness

Have you lodged a claim with ACC?  Yes  No

Advise their claim number

Date of first Medical Consultation  /  / 20

Name and address of Doctor or Hospital

*Continued...*

Name and address of any other Doctor/s Hospital/s who treated you

Hospital: Date Admitted  /  / 20 at  AM/PM Discharged  /  / 20 at  AM/PM

Have you EVER suffered from the same or a similar complaint in the past?  Yes  No

If Yes, give details, dates, duration etc.

**NB. If you are a member of a Private Health fund you must claim from that fund before submitting this claim.**

Are you a member of a Private Health Insurance fund e.g. Southern Cross  Yes  No

Name of Insurer

**The following items must be included with this claim\***

1. Original Doctors/Hospital accounts and receipts together with statements from your Private Health Insurer/ACC details.
2. Original Doctors Certificate.

### SECTION 3 – CANCELLATION/ADDITIONAL EXPENSES

#### Cancellation of journey

Please give reason

Date you advised Travel Agent to cancel bookings  /  / 20

**If cancellation costs or additional expenses were incurred due to Injury/Sickness:**

Full Name of person  Mr / Mrs / Miss / Ms

Relationship to you

Address

Describe the Injury/Illness

Date of first treatment  /  / 20

Has the Injured/Sick person had a similar condition before?  Yes  No

Patients usual Doctor Name

Usual Doctor's Address

Amount of deposit paid

 \$

Date paid

 /  / 20

Amount of deposit paid

 \$

Date paid

 /  / 20

**Total paid**

 \$

**Less refund on cancellation**

 \$

Date received

 /  / 20

Were any additional fares incurred as a result of cancellation?  Yes  No

Please give details

Were any alternative arrangements sought by you or alternative offers made?  Yes  No

Please give details

Reason for incurring additional expenses or forfeiting travel or Accommodation expenses

Continued...



**SECTION 6 – DECLARATION; AUTHORITY AND PRIVACY CONSENT**

**Insured person to sign.**

I/we print names

declare that the above answers and those contained in any attachments are true and note that the Insurer may rely on such answers in determining a claim. I/we have not concealed any material fact relating to this circumstance. I/we undertake to provide American Home Assurance Company (New Zealand Branch), trading in New Zealand as Chartis ("Chartis"), with assistance in dealing with this matter and understand that failure to co-operate with Chartis and to provide all information relevant to the circumstance may result in my/our claim being denied.

**Authority:**

I/we authorise any hospital, physician or other person who has attended me, or my employer or my accountant to furnish Chartis or its representatives with:

- i. copies of hospital and medical reports/notes;
- ii. copies of employment records and income tax returns; to the extent that they are relevant to the claim and
- iii. information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment).

I/we agree that a photocopy of this authorisation shall be considered as effective and valid as the original and authorise its use as such.

**Privacy:**

I/we consent to Chartis in accordance with the Privacy Act 1993:

- 1. collecting holding and using personal information including information by audio, photographic or video surveillance, provided for purpose of administering a claim including investigating, assessing and paying any claim made by me or on my behalf;
- 2. disclosing personal information submitted to a related Chartis company either in New Zealand or overseas, located outside New Zealand, the insured, other insurers and re-insurers, law enforcement agencies, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act. Further information about this or making a privacy complaint can be obtained by emailing: **Privacy.officerNZ@chartisinsurance.com**.

**Note:** Chartis will only seek information which in its opinion it believes to be relevant to investigation of the claim.

I/we consent to Chartis' assistance provider, Travel Guard™, recording all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

Signature of Insured Person 1 \_\_\_\_\_ Date / / 20

Signature of Insured Person 2 \_\_\_\_\_ Date / / 20

**SECTION 7 – DIRECT DEBIT**

Settlement will be paid to the traveller unless the Policy Holder specifically advises otherwise.

**Payee name:**

**Option 1: Direct debit to NZ bank account.** Please complete bank details and account number below

**Off ICE USE**  
Bank a/c checked

**Option 2: Overseas Bank transfer**

**BANK**  **BRANCH**  **COUNTRY**

**ACCOUNT DETAILS**

Chartis no longer issues cheques. To confirm transfer of funds, an auto email will be sent to the broker or direct to the payee.

**Email:** Broker/Payee

**Payee Signature:**