

Studentsafe Claim Form

Section 1 - Your details

Title (Dr/Mr/Mrs/Miss/Ms/Mx):		Date of Birth:	
First Name:		Last Name:	
Address in New Zealand:			
Suburb:		Town/City:	Postcode:
Phone Number:		Email Address:	

Section 2 - Your study details

Student ID number / Policy number		Education Provider Name:	
Date First Enrolled:		Course Start Date:	Course End Date:
Select one: ☐ I am a Returning Student ☐ I am an Annual Student ☐ I am a Part Year Student			
Have you applied for Family cover ☐ Yes ☐ No			

Section 3 - Third Party Authorisation

3.1 Please complete section 3.1 only if you are over the age of 18:

- a. Do you want to give authority for your Education Provider advisor to contact us to discuss your claim on your behalf? ☐ Yes ☐ No
- b. Do you authorise us to share your medical and health related information with your Education Provider advisor? ☐ Yes ☐ No
- c. If you have answered "Yes" to any of the above, please complete the following:

Education Provider advisor details

First Name:		Last Name:	
Education Provider Address:			
Suburb:		Town/City:	Postcode:
Phone Number:		Mobile Number:	
Email Address:		Relationship to you:	

I understand and agree that Allianz Partners may still be required to liaise directly with me.

Signed by student aged 18+:	Date:
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3.2 Please complete section 3.2 only if you are between the ages of 16 and 18 and if this is a medical related claim:

- a. Do you authorise us to share your medical and health related information with your Education Provider advisor? ☐ Yes ☐ No
- b. If you have answered "Yes" to any of the above, please complete the following:

Education Provider advisor details

First Name:		Last Name:	
Education Provider Address:			
Suburb:		Town/City:	Postcode:
Phone Number:		Mobile Number:	
Email Address:		Relationship to you:	

I understand and agree that Allianz Partners may still be required to liaise directly with me.

Signed by student aged 16 - 18 years:	Date:
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Section 4 - Payment details

Payments within New Zealand

- Our preferred payment method is direct credit to a New Zealand bank account.
- Please provide your bank details below for direct credit to your nominated bank account.
- We **cannot** make payment to a credit card.
- If you are not claiming any costs paid by yourself and we are required to make a payment on your behalf to a third party (e.g. a medical provider), no payment will be made until we have received payment of any applicable excess from you.

Bank Name:	Account Holders Name:
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Bank Account Number:

Bank	Branch	Account Number	Suffix

Section 5 - Details of the claim

Date of incident:	Time of incident:
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Country and location of incident:	Reported to:
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If your claim is due to another person's state of health? Please provide details below for this person:

First name:	Last name:
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Date of birth:	Relationship to you:
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Was there a third party responsible for causing or contributing to the loss? ☐ Yes ☐ No

If **yes**, please provide the third party's name, contact information and their insurance company's name and policy number:

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Were there any witnesses to the event? ☐ Yes ☐ No

If **yes**, please provide name and contact details:

Have you commenced or are you seeking to start any legal actions against any third parties? ☐ Yes ☐ No

If **yes**, please provide the name and contact details of your solicitor:

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Please explain in as much detail as possible, what happened or what your claim is for:

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Section 6 - Medical Expenses

Please complete the below section for a claim relating to medical expenses:

Please list each receipt/invoice separately in the table below:

Name of medical provider	Treatment provided	Date of treatment	Amount charged (including currency)	Have you paid for this item? (Yes / No)
Example: Dr R Smith	Consultation	30/01/2024	NZD \$150.00	YES

* Claim amounts will be converted to New Zealand dollars using the currency rate applicable at the date the expenses were incurred.

Have you ever suffered from the same or a similar injury/sickness in the past? ☐ Yes ☐ No	
Did the event for which you are claiming include hospital admission? ☐ Yes ☐ No	
For Optical claims, please select one:	
☐ I have had a Change in Vision	☐ I have lost my optical aids
☐ My optical aids were stolen	☐ My optical aids were damaged

Section 7 - Personal Belongings, Money and Travel Documents

Please complete this section of the form if you're are claiming for any of the following benefits:

Please Please note: The 1999 Montreal Convention imposes liability upon airlines for lost, damaged, or delayed luggage and you should claim from them first. If you have completed a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received.

If you have not yet lodged a claim with a carrier, airline, or other authority or individual for the loss or damage to your property, please do so.

Were all the missing/damaged articles owned by you? ☐ Yes ☐ No	
If not, please give the details of ownership:	
Has your luggage been damaged by a travel provider? ☐ Yes ☐ No	
Name of travel provider that damaged your luggage? ☐ Yes ☐ No	
Has your luggage been delayed or lost by a travel provider? ☐ Yes ☐ No	
Name of carrier that delayed or lost your luggage:	
Date your luggage was lost or delayed:	Date your luggage was returned to you:
What compensation was received from the travel provider?	

Please list each receipt/invoice separately in the table below:

Date of expense	Description of expense	Amount (including currency)
Example: 30/01/2024	Stolen laptop	NZD \$3000.00

Section 8 - All Other Claims

Please complete this section of the form if you're are claiming for any of the following benefits:

Please list each receipt/invoice separately in the table below:

Date of expense	Description of expense	Amount (including currency)
Example: 30/01/2024	Burnt Carpet	NZD \$550.00

Declaration (please sign below)

I DECLARE THAT:

- I have provided all information that is relevant in any way to this claim and the information provided is true and correct to the best of my knowledge;
- I understand that the claim may be declined if the information supplied is untrue; and
- A copy of this declaration shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Partners to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations and declarations set out in this form; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Partners in its absolute discretion considers relevant for its assessment of initial or ongoing benefits of my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my insurance claims' history; and
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit, including but not limited to financial institutions.

I further authorise Allianz Partners to disclose my personal information to New Zealand and overseas recipients for the purposes of processing this claim as described in the Privacy Notice, including disclosing my personal information to recipients overseas that may not be required to protect my information in a way that provides comparable safeguards to those in the Privacy Act 2020.

Privacy Notice

To arrange and manage your insurance and provide you with our services, we (in this Privacy Notice section “we”, “our” and “us” means Allianz Partners, and our agents) collect, store, use and disclose your personal information including sensitive information. We will usually collect it directly from you but may also collect it from others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents). We are the “data controller” and are responsible for ensuring your personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, your name, address, date of birth, phone number, email address, medical information, passport details, bank account details, as well as other information we collect when you visit our website such as your IP address and online preferences, where that information is necessary for us to provide insurance and our services to you. Any personal information we collect is used by us and our agents to evaluate and arrange your insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing, investigating claims and screening to comply with economic sanctions obligations. We may also collect, use and disclose it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with your consent or where authorised or required by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including “cloud storage”) and data handling providers, transportation providers, legal and other professional advisers, your agents, broker and travelling companions, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Mitsui Sumitomo Insurance Company, Limited. Some of these third parties may be located in other countries including in Australia, Europe, United Kingdom and Ireland, Asia, Canada or the USA. We will use reasonable endeavours to ensure people we disclose your personal information to outside New Zealand are required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law, such as via contractual data protection obligations, our group binding corporate rules or because they are subject to laws of another country with comparable protections. However, you acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those provided under the New Zealand privacy law.

FRAUD

If any claim is in any respect fraudulent, or if any false declaration is made or false or incorrect information is used in support of any claim, then Allianz Partners can, at its sole discretion, not pay your claim and cancel your cover under the policy from the date that the incorrect statement or fraudulent claim was made to us. You can help by reporting insurance fraud by calling 0800 630 117.

INTERNAL DISPUTE RESOLUTION

Disputes are not an everyday occurrence, however, Allianz Partners provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the external dispute resolution scheme provider.

PRIVACY

By providing your personal information to us to process your claim (whether by yourself or through someone on your behalf), you agree and consent to the collection, use and disclosure of your personal information as set out in the Privacy Notice on the last page of this claim form or at www.allianzpartners.co.nz. You can seek access to and correct your personal information subject to the provisions of the Privacy Act 2020. You also acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those in the Privacy Act 2020. If you do not agree to the above or will not provide us with your personal information, we may not be able to process your claim.

Signature of claimant:
Name of claimant:
Date:

Where permitted by law or with your consent, we may contact you with offers of products or services (from us, our related companies, as well as offers from our business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, email, electronic messages online or via other means such as SMS. You can withdraw your consent at any time if you no longer wish to receive marketing material or promotional offers from us or our related companies and business partners by calling our Customer Care Team on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in our Privacy Notice or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims. We will not retain your personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and update your personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time.

In cases where we cannot comply with your request concerning your personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authorised by their express consent or are otherwise permitted by law. When you provide personal information to us about other individuals, we rely on you to have first obtained each of those individuals' consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning your personal information or about our Privacy Notice, please contact: Privacy Officer Allianz Partners, P.O. Box 33 313, Takapuna, Auckland 0740 or email us at AzPNZ.Privacy@allianz-assistance.co.nz. For urgent assistance please call our Customer Care Team on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at www.allianzpartners.co.nz and click on the Privacy Policy link.

Studentsafe Claims Document List

Please note: Depending on the circumstances of the claim, further documentation may be required beyond what is listed below.

Medical Claims:

- Medical/hospital reports and/ or consultation notes from the doctor/s who provided you with medical treatment
- If you have been Hospitalised, you must provide your Discharge Notes
- For **Emergency Dental** treatment Claims:
 - Written confirmation from the treating dentist that the treatment was not caused by or related to the deterioration and/or decay of teeth or associated tissue
- For **Optical claims**
 - The receipt for the item
 - A photo of the broken/damaged item or written confirmation from the optometrist for the necessity/replacement of the item
 - If the claim is for a Change in Vision, a supporting letter from your optometrist showing how much your vision has changed
- For **Funeral Expenses and Accidental Death** Claims
 - A Copy of the Death Certificate
 - Coroner's Report, if cause of death on the Death Certificate is subject to Coroners findings.
 - Documentation authorising the executor of the estate
 - Proof of payment for the funeral expenses incurred (e.g. Receipts for items paid)
 - Any other substantiating documentation for your claim
- For **Personal Injury**
 - Report completed by the treating medical officer
 - Any other substantiating documentation for your claim

Travel Claims:

Your travel agent can assist you in gathering most of this information from individual providers. If you did not book through a travel agent, simply contact the individual travel providers.

- Tax Invoice/s for your travel arrangements
- Original Travel Itinerary detailing costs (e.g. transport, accommodation, tours etc.), plus amended itinerary if applicable
- Written confirmation outlining the cause of your cancellation or delay
- If additional expenses have been incurred for any other reason please provide official documentation which outlines the cause of the delay
- Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) that the travel arrangements were cancelled and cannot be used in the future (e.g. via credit, transfer or refund)
- Terms and conditions detailing refund entitlements from the travel provider (e.g. airline, cruise, travel agent, online booking etc.). If there are no refund applicable, you must provide documentation showing there is no refund applicable
- If your Travel has been affected due to a Medical Condition:
 - Medical information required; please provide medical / hospital reports from the doctor/s who provided treatment
 - Please have your usual treating doctor complete our Medical Certificate (in a form which we provide), and return with your claim documentation

Personal Items, Money & Documents Claims:

- If your Items have been stolen or damaged by a third party, you must get a Loss report from the Police or other Official Body Proof of purchase for all the items you are claiming for
- If your items have been lost, delayed or damaged by a Travel Provider:
 - A Property Irregularity Report (PIR) from the travel provider (e.g. airline, cruise line, train/bus etc.) confirming the luggage loss, delay or damaged. If your Luggage is found and returned to you, the date this occurred must also be confirmed
 - Written confirmation for any compensation you are entitled to from the Travel Provider
 - If the item/s are damaged, you will need to get an assessment report confirming whether the item is repairable. If repairable this report should detail repair cost. The repair report/quote cost itself is not covered under this policy

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If you have not yet lodged a claim with a carrier, airline, or other authority or individual for the loss or damage to your property, please do so.

All Other Claims:

- For **Rental Vehicle Excess Claims:**
 - Policy or accident report from relevant authority
 - Rental Vehicle agreement showing your rental vehicle excess
 - Itemised final quote/repair invoice for the damages
- For **Personal Liability Claims:**
 - Evidence of personal legal liability which may include; letter of demand, court summons, evidence of loss/damage/liability
 - Any further documentation which supports your claim

Phone: 0800 486 004 or +64 9 488 1638

(09) 489 8167

Email claims and supporting documentation to: studentsafeclaims@allianz-assistance.co.nz

Post: P O Box 112316, Penrose, Auckland 1642