# LEISURE AND BUSINESS TRAVEL INSURANCE CLAIM FORM

Allianz Travel

| Claim/Policy No: |
|---|

## IMPORTANT: Please read this before you start

- Instead of using this form, you can also submit your claim online at: **https://claimmanager.co.nz** for an instant submission.
- You must complete ALL steps outlined on this form, including the Declaration Section L.
- If you have another insurer (home, contents or travel) you must give us these details.
- Refer to the Claims Checklist below and the section under which you are claiming. This will give you details of the documentation that you need to provide to support your claim. As each claim is unique, further information may be requested by us.
- We need all of the specified documentation in the Claims Checklist to process your claim. Your claim will not be processed until all information has been received.

**Do not send copies of your credit card statement.** If you are required to provide a credit card statement for your claim, you must remove the credit card and account numbers from the document and the documents must be posted to us.

## ☑ Claims Checklist – what do you need to provide?

**For all claims the following documents must be submitted along with this completed claim form (✓ mark as provided)**

| |
|---|
| ☐ Tax Invoice for your travel arrangements. |
| ☐ Original Travel Itinerary detailing costs (e.g. transport, accommodation, tours etc.), plus amended itinerary if applicable. This should include evidence of any refunds paid or available to you, and details of any cancellation/amendment rules imposed by the travel provider.<br>**Please note:** your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent, simply contact the individual travel providers. |
| ☐ Other tax invoices and/or receipts for items you are claiming. |
| ☐ Signed declaration form (Section L). |

## Section A: All claims

### Step 1: Claimant's details

| | | |
|---|---|---|
| Title (Dr/Mr/Mrs/Miss/Ms): | Given Name/s: | Family Name (Surname): |
| Policy Number: | Date of Birth: / / | |
| Postal address<br>Street number and name: | | |
| Suburb: | Town/City: | Postcode: |
| Home Phone: | Mobile: | |
| Email Address: | Occupation: | |
| Preferred Contact Method: ☐ Phone ☐ Email | We may provide updates via SMS when a mobile phone number has been provided | |

### Step 2: Details of your other insurance

| |
|---|
| a) Have you lodged, or do you intend to lodge a claim for this incident elsewhere? ☐ Yes ☐ No |
| b) Have you received compensation from any other party in relation to this event? ☐ Yes ☐ No |
| If yes, please provide full details: |
| c) Did you use a credit card to purchase your travel (e.g. flights, accommodation, tours)? ☐ Yes ☐ No If Yes, please complete the following: |

| | |
|---|---|
| Name of Cardholder: | Name of Financial Institution: |
| First 6 digits of credit card used to purchase travel: ☐☐☐☐☐☐ | Last 4 digits of credit card used to purchase travel: ☐☐☐☐ |
| Card Type: ☐ Visa ☐ MasterCard ☐ Diners ☐ Amex and Card Level: ☐ Gold ☐ Platinum Other: | |

## Step 3: Details of travel arrangements for this journey

Please remember to attach travel itinerary and tax invoice from your travel agent.

| | |
|---|---|
| Date of booking travel arrangements: / / | Date your journey was cancelled (if applicable): / / |
| Date of planned departure: / / | Date of planned return: / / |
| Date of rescheduled departure (if applicable): / / | Date of rescheduled return (if applicable): / / |

## Step 4: Details of event giving rise to your claim

| | |
|---|---|
| Date of incident: / / | Time of Incident: ☐ am ☐ pm |
| Country and location: | Reported to: |
| Description of event giving rise to this claim: | |
| If your claim is due to another person's state of health, please provide details below for this person: | |
| Given Name/s: | Surname: |
| Date of Birth: / / | Relationship to you: |
| 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: | |
| 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 commence any legal actions against third parties? ☐ Yes ☐ No | |
| If yes, please provide the name and contact details of your solicitor: | |

## Step 5: Authorisation

If you wish to give authority for another person to act on your behalf in respect of this claim you must complete the following details. Please note that authority can only be given to any person/s who are not listed on your Certificate of Insurance. This is because the Certificate of Insurance may include family members or travel agents, and we will not be able to give any information about your claim to any other persons.

| | | |
|---|---|---|
| I/We authorise (Mr/Mrs/Miss/Ms): | | |
| Of address (including postcode): | | |
| Telephone: | Mobile: | Relationship to you: |
| To act on our behalf in respect to this claim and be provided with information relating to the claim. | | |

## Step 6: How to contact us

| | |
|---|---|
| **Phone:** | 0800 630 117 or +64 9 487 0813 |
| **Fax:** | (09) 489 8167 |
| **Email claims and supporting documentation to:** | travelclaims@allianz-assistance.co.nz |
| **Email claim questions, queries or feedback to:** | claims@allianz-assistance.co.nz |
| **Post:** | PO Box 112316, Penrose, Auckland 1642 |

## Section B: Medical Expenses

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents.**
**Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Medical/hospital reports from the doctor/s who provided medical treatment. |
| ☐ If the claim is due to a dental condition, 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. |
| ☐ Medical certificate in Section N completed by your regular General Practitioner. |

| Name of Doctor/Dentist/Pharmacy/ Hospital or other medical provider | Treatment performed | Date of treatment | Amount charged (Currency) | Paid: Yes/No |
|---|---|---|---|---|
| Example – Doctor R Smith | Consultation | 30/11/15 | 500 EUR | Yes |
| | | | | |
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* 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 | |
| If yes please provide details of the condition, treatment and consultation dates: | |
| Did the event for which you are claiming include hospital admission? ☐ Yes ☐ No | |
| If yes please provide: Admission Date: / / ☐ am ☐ pm | Discharge date: / / ☐ am ☐ pm |
| **Please also provide a Discharge Summary from the hospital where you were admitted as a patient** | |

## Section C: Cancellation Expenses/Loss of Deposits Claim

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents.**
**Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Written documentation outlining the cause of your cancellation. |
| ☐ 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.).<br>Your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent simply contact the individual providers you booked through. |
| **If your claim is due to a Medical Condition:** |
| ☐ Medical certificate in Section N completed by your regular General Practitioner. |

| Date | Description of booking | Supplier | Amount paid | Refund received | Amount claimed |
|---|---|---|---|---|---|
| Example – 1/11/15 | Return Flights Perth to Bali | Qantas | 100 AUD | 70 AUD | 30 AUD |
| | | | | | |
| | | | | | |
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## Section D: Unexpected Cancellation – Additional Expenses

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents. Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) confirming the cause of cancellation or delay. |
| ☐ If additional expenses have been incurred for any other reason please provide official documentation which outlines the cause of the delay. |
| **If your original arrangements have been cancelled or unused for the same period of time we require:** |
| ☐ Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) that the original 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 your claim is due to a Medical Condition:** |
| ☐ Medical certificate in Section N completed by your regular General Practitioner. |

Please list each receipt/invoice separately in the table below, including a description and the cost of the original expense you incurred on the same date. If you did not have any other arrangements booked on the same date please specify accordingly.

| Date of expense | Description of expense | Amount | Date of original expense | Description of original expense | Amount |
|---|---|---|---|---|---|
| Example – 1/11/15 | Hotel in Paris on 30/11/15 | 100 EUR | 30/11/15 | Hotel in London on 30/11/15 | 80 GBP |
| | | | | | |
| | | | | | |
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## Section E: Travel Delay Claim

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents. Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) confirming the cause of Cancellation or Delay. |
| If you have not yet lodged a claim though a carrier, airline, or other authority or individual for the loss or damage to your property please do so.<br><br>**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 finalised a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received. |

| | |
|---|---|
| Booked travel date: / / ☐ am ☐ pm | Date travelled: / / ☐ am ☐ pm |

Please list each receipt/invoice separately in the table below, including a description and cost of the original expense you incurred on the same date. If you did not have any other arrangements booked on the same date please specify accordingly.

| Date of original expense | Description of original expense | Amount | Date additional expense incurred | Description of additional expense | Amount |
|---|---|---|---|---|---|
| Example – 30/11/15 | Hotel in Paris on 30/11/15 | 100 EUR | 30/11/15 | Hotel in London on 1/11/15 | 80 GBP |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Section F: Personal Belongings, Money, Travel Documents and Business Items

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents. Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Loss report from the police or other official body (e.g. Airline, Tour Operator, Hotel etc). |
| ☐ Proof of purchase of items claimed. |
| 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.<br>**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 the item/s claimed are damaged:** |
| ☐ Assessment report confirming whether the item is repairable. If repairable this report should detail repair cost. |

Please provide full details of how the loss, damage or theft occurred:

| | | |
|---|---|---|
| Date: / / | Time: ☐ am ☐ pm | Location: |

Were all the missing/damaged articles owned by you? ☐ Yes ☐ No

If not, please give details of ownership:

| Full details of articles claimed | Store where the item was originally purchased | Original date of purchase | Original purchase price | Amount claimed | Proof of purchase attached? |
|---|---|---|---|---|---|
| Example – Billabong Board Shorts | City Beach Westfield Carindale Brisbane | 13/12/13 | $50 AUD | $50 AUD | Yes |
| | | | | | |
| | | | | | |
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| | | | | | |

## Section G: Personal Belongings and Business Items – Delay Expenses

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents. Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Written confirmation from the travel provider (e.g. airline, cruise line, train/bus etc.) confirming the luggage delay. |
| If you have not yet lodged a claim though a carrier, airline, or other authority or individual for the loss or damage to your property please do so.<br>**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 finalised a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received. |

| | |
|---|---|
| Name of carrier that delayed your luggage: | |
| Date your luggage was delayed: / / ☐ am ☐ pm | Date your luggage was returned: / / ☐ am ☐ pm |
| What compensation was received from the carrier? | |

| Description of essential items purchased | Date of purchase | Price paid | Store where the item was purchased | Receipt attached |
|---|---|---|---|---|
| Example – T-shirt | 30/11/15 | 10 EUR | Target Italy | Yes |
| | | | | |
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## Section H: Rental Vehicle Excess Claim

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents. Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ Police or accident report from relevant authority. |
| ☐ Rental vehicle agreement (showing your rental vehicle excess). |
| ☐ Itemised final quote/repair invoice for the damages. |
| **Please note:** it is essential that you provide the repair quote for your rental vehicle as the rental vehicle company will refund you the difference between the repair and your excess. |

| Excess you were liable to pay | Repair cost | Compensation you have received | Amount you are claiming |
|---|---|---|---|
| Example – 5000 EUR | 1500 EUR | 3500 EUR | 1500 EUR |
| | | | |
| | | | |
| | | | |

| |
|---|
| Was the damage due to collision with another vehicle? ☐ Yes ☐ No |

If yes, please complete the following table:

| Name and contact details of third party | Address of third party | Registration number of third party | Name of third party insurer | Address of third party insurer |
|---|---|---|---|---|
| Example – John Smith, 040 000 000 | 74 High Street Toowong QLD 4152 | 123 ABC | Other insurer | 123 Smith Street Brisbane 4122 |
| | | | | |
| | | | | |
| | | | | |

## Section I: Personal Liability

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please provide the following documents.**
**Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ 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. |

## Section J: Funeral Expenses

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach the following documents.**
**Please note, your claim will not be processed until all information has been received.**

| |
|---|
| ☐ A copy of the Death Certificate. |
| ☐ Coroner's report, if cause of death on the Death Certificate is subject to Coroner's findings. |
| ☐ Details of executor of the estate. |
| ☐ Proof of payment for funeral expenses incurred (e.g. receipts). |
| ☐ Any other substantiating documentation for your claim. |
| **Please note:** Depending on the circumstances of the claim, further documentation may be required. |

| Date of expense | Description of expense | Amount (incl. currency) |
|---|---|---|
| Example – 30/11/15 | Funeral Expenses | 100 EUR |
| | | |
| | | |

## Section K: Other Event

### ☑ Claims Checklist

**In addition to the documents supplied in Section A, please complete the following section and attach any supporting documents.**
**Please note, your claim will not be processed until all information has been received.**

Please tell us in as much detail as possible what happened to you in order for you to make this claim. Be as specific as possible, including dates and amounts paid. If there is not enough room in the space provided, you may continue your description of the events on a separate piece of paper.

Which benefit sections(s) of the Policy Wording do you believe to be the most applicable for this claim?

## Section L: Declaration

**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 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.

**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 in the Privacy Policy 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: / / |

## Section M: 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 holder's name: |
|---|---|

| ☐☐ | ☐☐☐☐ | ☐☐☐☐☐☐☐ | ☐☐☐ |
|---|---|---|---|
| Bank | Branch | Account Number | Suffix |

Please double check that your bank account number is recorded correctly and clearly.

A bank account may have either a 2 digit or 3 digit suffix. Example: 12-3456-1111111-02 or 12-3456-1111111-002

☐ If you require payment to an overseas bank account, **a $25 fee will be charged and deducted from your settlement amount**. Your overseas bank and any other banks involved in processing the payment may also deduct fees and charges.

We do not charge a fee for payments we make directly to health providers on your behalf, or for payments we make directly into your New Zealand bank account.

## Section N: Medical Certificate

To be completed (at the claimant's expense) by the regular treating Doctor/Dentist for the person(s) whose state of health caused the claim and in all cases for claims relating to an accident, sickness or death.

**Patient's Details:**

| | | |
|---|---|---|
| Title: Dr / Mr / Mrs / Miss / Ms | | |
| Given name/s: | Family name (surname): | |
| Address: | | |
| Suburb: | Town/City: | Postcode: |
| Date of birth: / / | | |

**Instructions to the medical professional:**

**Please complete the following form in block letters and provide as much information as possible as this will assist the insurance claim process. We need to obtain some information from you about the above patient's medical history.**

We ask that when providing the information for this Medical Certificate, you consider not only the current condition that has led to our Insured submitting a claim, but also take into account the relevance of the complete medical history in relation to their current condition. This should include consideration of any prior similar or related signs, symptoms or diagnosis that has required your patient to seek initial or ongoing review by yourself or any other medical practitioner, specialist or related health practitioner.

We appreciate that you are busy, but please be assured that the information that we have requested is vital to assist our client. We are committed to providing the best service we can and obtaining the appropriate clinical information which will allow us to assess this claim promptly and efficiently.

In terms of privacy considerations, we advise that the policy wording of the Travel Insurance taken out by our client permits you to provide information to us in these circumstances. If the above named patient is not the insured person making this claim you will need to seek consent from your patient to release this information to us.

We will only contact you again if we need clarification or further detail. Please do not hesitate to contact us if we can be of any assistance to you.

**Current medical condition(s):**

| |
|---|
| A) How long have you treated the patient? / / to / / or approximately: |
| B) If you are not the patient's regular treating general practitioner, do you have access to their medical records? ☐ Yes ☐ No<br>From what dates? / / to / / |
| Please give precise diagnosis for the sickness or injury which gave rise to this claim: |

Please attach a copy of the patient's full medical summary and their current medications. Please also attach copies of any emergency department or hospital discharge summaries, specialist referral letters and specialist reports that are related to or associated with the condition that has given rise to this claim.

| |
|---|
| On which date did the patient first consult you with symptoms of this current condition? / / |
| On which date did the patient state their symptoms began for their current condition, prior to consulting you? / / |
| Please describe the symptoms advised by the patient for this current condition: |

Please detail any relevant tests which were ordered in the table below:

| Test ordered | Date ordered | Date completed | Date results advised to patient |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Did the patient require referral to a specialist for this condition? If yes, please supply the name of the specialist and the date of referral:

| Name of Specialist | Date of referral |
|---|---|
| | |
| | |
| | |

**Previous Medical History:**

| |
|---|
| Has the patient previously been investigated, diagnosed or treated in respect to the same/similar/related sickness or injury? ☐ Yes ☐ No |
| If yes, please supply the relevant date they first consulted you and the clinical details: |

**Travel Information:**

| |
|---|
| Did you recommend that travel be cancelled or postponed due to the patient's state of health? ☐ Yes ☐ No |
| On what date did you make this recommendation? |
| Did the patient make the travel arrangements against your advice (or the advice of another medical practitioner)? ☐ Yes ☐ No |
| Was there any indication that medical care may be required on the journey? ☐ Yes ☐ No |
| If yes, please explain: |
| Did the patient travel against your advice or, if known, the advice of another medical practitioner? ☐ Yes ☐ No |

**I certify that the statements contained in this Medical Certificate are true and correct.**

| | |
|---|---|
| Doctor's signature: | Doctor's stamp: |
| Date: / / | |