

# Travel Claims Form

In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

## 1. You & Your Policy

Certificate of Insurance / Policy Number:

Your Assistance Reference Number:

Title: First Name:

 

Last Name: If you contacted Emergency Assistance

Date Of Birth: (DD/MM/YYYY)

 /  / 

Preferred Method of Contact:

Phone Email Mail

Preferred Contact Number:

Email Address:

Address:

State/Town/Region:

Postcode:

## 2. Information About Your Trip

When did you book your trip?

 /  /  (DD/MM/YYYY)

Did you use a credit or debit card to purchase any of your travel services?

Yes No

Did you go on a cruise?

Yes No

Did you take part in winter sports activities?

Yes No

If YES, please provide the first six digits of the card used so that we can identify if you are entitled to additional cover:

     

### Nominated Authority

Please complete if you are giving authority to another person to act on your behalf in respect to this claim.

I/We authorise:

Name of Nominated Authority:

Email:

Address:

State/Town/Region:

Postcode:

Date of birth: (DD/MM/YYYY)

 /  / 

Preferred contact number:

**to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.**

### 3. Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

#### What happened?

Example: I broke my leg/My bag was stolen/My child became ill.

#### How did it happen?

To the best of your ability, please give a detailed account of how the incident occurred:

#### When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY) (HH:MM) (AM/PM)

/  /   :

#### Where?

Town and Country (eg Paris/France)

Location (eg Hotel Reception):

### 4. What are you claiming for?

The next part of this form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Please note that specific documents will also be required to support your claim.

- A) Overseas Medical & Dental
- B) Trip Cancellation
- C) Additional Expenses
- D) Luggage & Personal Effects
- E) Rental Vehicle Excess
- F) Other Claimable Events

### 4 A) - Overseas Medical Expenses Claim

Full Name of ill/injured person:

Date Condition First Occurred:

 /  /  (DD/MM/YYYY)

Their Date of Birth:

 /  /  (DD/MM/YYYY)

Name of Overseas Doctor who treated the injury/illness abroad:

Relationship to You:

If Applicable

Name of Medical Practice:

Country where illness/injury was treated:

Describe the nature of injury / illness:

Were they admitted to hospital?

Yes                      No

Date and Time Admitted:

(DD/MM/YYYY)                      (HH:MM)                      (AM/PM)

 /  /      :     

Date and Time Discharged:

(DD/MM/YYYY)                      (HH:MM)                      (AM/PM)

 /  /      :     

Has the person previously been treated for this condition?:

Yes                      No

**List of Medical Expenses Incurred:**

(include Name of Hospital / Medical Practice/ Type of Service)

	Date of Expense:	Cost Incurred:		Currency:
Great Ormond Street Hospital NHS - Xrays	DD/MM/YYYY	1,367	. 00	GBP
			.	
			.	
			.	
			.	
			.	
			.	
			.	
			.	
			.	

**Check List** In addition to completing the information above, please enclose the following documents:

- Your original itinerary.
- Receipts and proof of payment for the medical expenses incurred.
- A medical report from your treating medical officer in the country where you incurred the expense. (This will need to include your diagnosis, treatment plan and any fit to travel notations)
- Your discharge summary if you were hospitalised.

## 4 B) - Trip Cancellation / Loss of Deposit Claim

Why was your trip cancelled or disrupted?

Please provide detailed explanation: E.g. My child had an ear infection and was unfit to travel.

Intended Departure Date:

/  /  (DD/MM/YYYY)

Date of Cancellation:

/  /  (DD/MM/YYYY)

Please provide details of the prepaid costs being claimed:

Date	Description	Supplier	Amount Paid	Any Refund Received	Amount Claimed
DD/MM/YYYY	Hotel Room	Expedia	\$100.00	\$25.00	\$75.00
Totals:			\$	\$	\$

### Check List

In additional to completing the information above, please enclose the following documents:

Your original itinerary including the terms and conditions of the fare rules for your unused booking/s.

Proof of payment for your travel arrangements that were unused (E.g, receipts, credit card/bank statements showing payments made).

Refund advice from individual travel providers relating to your trip.

Proof supporting reason of cancellation.

(For example, completed medical or death certificate or letter from transport provider explaining the circumstances of the cancellation.

## 4 C) - Additional Expenses Claim

Why were unexpected costs incurred?

Please provide details of the incident:

List all items you wish to claim for:

Details of Expense	Date of Expense	Amount Being Claimed	Currency
Extra nights accommodation at the Hilton Hotel, Sydney	DD/MM/YYYY	495 . 50	AUD
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	

### Check List

In addition to completing the information above, please enclose the following documents:

- Your original and amended flight itinerary including the terms and conditions of fare rules for the booking.
- A tax invoice showing the total cost of your travel and/or accommodation arrangements.
- Proof of payment for the additional expenses being claimed (For example, receipts, credit card/bank statement).
- Refund advice or evidence from the provider (airline, hotel, bus company) explaining the circumstances of your original arrangements that were unused due to your delay.

## 4 D) - Luggage & Personal Effects Claim

### Provide details of the incident

What are you claiming for?

Loss                  Theft                  Damage

Date and time Loss/Theft/Damage was discovered:

(DD/MM/YYYY)                  (HH:MM)                  (AM/PM)

/  /  :  :

Describe how the Loss, Damage or Theft occurred:

Who was it reported to?

Police                  Airline                  Tour Guide

Other Authority

Name of Police Officer or Relevant Authority:

Job Title/Position:

Location:

Report Number:

Date Reported:

(DD/MM/YYYY)                  (HH:MM)                  (AM/PM)

/  /  :  :

Do you hold any other insurance cover for the items listed (E.g. home contents insurance, or if spectacles or dentures, private health fund?)

Yes                  No

If YES please give details below:

Name of Insurer or Fund:

Policy or Member Number:

Amount Paid by Insurer or Fund:

\$     .

Luggage & Personal Effects Expense Item	Place of Purchase	Date of Purchase	Amount Claimed	Currency
Cannon D80 Digital Camera	DigiCameras	DD/MM/YYYY	1,050 . 00	AUD

### Check List

In additional to completing the information above, please enclose the following documents:

- Proof of ownership for the items that were lost, stolen or damaged (For example, receipts and bank statements).
- Proof of loss (For example, police report, report to hotel, airline etc).
- If the item is damaged, a repair quote from a reputable provider or repairer.

## 4 E) - Rental Vehicle Insurance Excess Claim

Type of Vehicle:

Car      Campervan      Minibus

Name Vehicle Hire Company:

Name of Person Driving the Vehicle:

Their Date of Birth: /

 /  /  (DD/MM/YYYY)

Rental Vehicle Excess Amount:

    .   

Currency:

Actual Repair Costs:

    .   

Currency:

Amount You Are Claiming:

    .   

Currency:

## 4 F) - Other Claimable Events & Notes

This section relates to an event not included in other sections of this form. It can also be used for additional notes to previous sections, however you will need to specify which section the notes relate to. Please provide a brief description of the circumstances relating to this claim:

Description of Expense Claimed	Date of Expense	Amount Claimed	Currency
New Qantas flights booked to make friends wedding on time	DD/MM/YYYY	485 . 00	AUD

## 5. Bank Details

If your claim is approved, we will deposit your refund in New Zealand Dollars directly into you nominated account.

The account nominated must be either a cheque or statement account. Unfortunately we are unable to deposit into a credit card.

Name of Bank:

Branch:

Account Holders Name:

BSB Number

Account 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 6. Declaration

TINZ claims are handled by the dedicated claims team at the Travel Claims Centre (TCC). We use the information you provide us with to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that may assist in processing your claim.

We take your privacy seriously. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to our [Privacy Policy](#) available from [www.travelinsurance.co.nz/privacy](http://www.travelinsurance.co.nz/privacy) or ask us for a copy.

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide TINZ and/or the Travel Claims Centre an its representative with any information that they may request in relation to this claim.

Signature of Claimant:

Name of Claimant:

Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	(DD/MM/YYYY)
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## 7. Submit Your Claim

To help us assess your claim faster, please attach all relevant supporting documents. These may be electronic documents such e-tickets or photos of the original. Whilst you can provide us with copies, we reserve the right to request the originals or further documentation to support your claim. Please take note of the check lists that apply to each section.

Documents provided will not be returned, so if you are posting original documents please make sure you register the parcel and keep a copy of these documents for your own records.

Please return the completed form with the necessary supporting documentation to:

**Email:** [info@travelclaimscentre.co.nz](mailto:info@travelclaimscentre.co.nz)

or

**Post:** Travel Claims Centre  
PO BOX 106-154  
Commerce Street  
Auckland CITY 1143