Travel claim form

Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming (receipts, invoices, proofs or certificates)
- ensuring medical authority is completed, if claiming medical expenses
- enclosing your insurance policy or certificate - not applicable to Corporate TravelPlan
- signing and dating page 3 of this form

Insurance fraud is a crime - please ensure all information is correct

1. Policyholder(s) details

Policy number

Claim number (If known)

Full name	(Mr, Mrs, Miss, Ms)		
Postal address			Date of birth / /
Telephone numbers	Home	Business	Mobile
Email	Home	Business	
Occupation		Employer	

2. Person making the claim (if different from the person named in 1. above.)

Full name	(Mr, Mrs, Miss, Ms)		
Postal address			Date of birth / /
Telephone numbers	Home	Business	Mobile
Email	Home	Business	
Occupation		Employer	

3. Details of claim

Date of loss, incident, accident or illness / /

Time of occurrence am/pm

Location of loss, incident, accident or illness

At the time of the incident were you on business or leisure travel? business / leisure

(please delete one)

Please state full details of what happened:

4. Property/Baggage/Money Claim details

Please list lost or damaged items below

Full description including make & model	Date purchased or received	From whom purchased	New or secondhand	If secondhand age when purchased	Price paid	Present cost of replacement article
					Total	

5. Police details (if burglary, theft, loss or malicious damage)

Has the loss been reported to the police? . . . . . YES NO

If "Yes", please attach any Police Acknowledgement Form and complete details below

Date reported / / Which Police Station

Police File number

Was a list of missing items given to the Police? (Please note we may request a copy of this from the Police) YES NO

6. Medical details

a. If you have an existing medical condition did you obtain clearance to travel from a qualified medical practitioner, prior to travelling? YES NO

b. Were you travelling against the orders of a qualified medical practitioner? YES NO

c. How many days were you hospitalised? (if applicable)

d. Were you entirely free from any kind of disease or physical infirmity at the time of the accident? YES NO

If No, please give details

e. Have you ever suffered from the same or similar illness before? YES NO

If Yes, please give details

Please provide details of the cost(s) incurred.

Service Provider (name address and telephone number)	Details	Date	Amount

7. All other policy sections

Cost(s) incurred

Details	Date	Amount

Note: 1) If cancellation was due to medical reason, please ensure Medical Authority below is completed.
2) Any refunds due from airlines/hotels should be confirmed from your travel agent and attached to this form.

8. Medical Authority (to be completed in all medical expense claims)

I hereby agree to give permission to TSI and the underwriter to obtain any information they may require relative to the illness/accident as stated above.

Signature **Date** / /

I declare that the above statements are correct and true

Please advise name and address of your usual doctor

Note: The doctor should be informed that they will be required to fill in, free of expense to the company, a certificate which may be sent to them from our office.

9. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? YES NO Name of account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

Bank Branch Account Number Suffix

10. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.
I/We
(a) agree to give any further information that may be required;
(b) understand you require this personal information, which will be retained by you TSI and the underwriter before you can evaluate my/our claim;
(c) authorise the disclosure of this personal information regarding this claim to other parties;
(d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
(e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
(f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
(g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.
The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Date / /

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

Date / /

Signature of the person making the claim

Please attach proof of ownership, ie. receipts, creditcard slips or other supporting documents here.