



Credit Card Travel Insurance Claim Form

IMPORTANT INFORMATION ABOUT THIS FORM

- Please read this form carefully and complete each question within each section you are claiming under unless you are prompted otherwise.
- In every case you will need to complete section A (your details) and section I (declaration) of this form to allow us to assess your claim.
- You will need to supply confirmation that you have met the eligibility requirements of the policy, including but not limited to confirmed flight bookings and a copy of your credit card statement showing you have purchased pre paid travel expenses using your card. In order to protect your credit card information please do not provide your full credit card number in this claim form, or with any of your supporting documents.
- The evidence we require to support your claim is detailed under the relevant sections. Failure to provide this documentation may result in delays in assessing your claim. Please note these are not exhaustive lists and we may require additional information to assess your claim. Please include any information you think is relevant to your claim.
- Use a dark pen to complete this form and write in block letters.
- This claim form and supporting documentation can be mailed, emailed or faxed to us. You should keep a copy of any documentation for your records.
- We reserve the right to request original receipts, reports or other documentation to substantiate your claim.
- Your supporting documents should be supplied in English. We may require any documents in a foreign language to be translated to English and any costs associated with this will be at your expense.
- If you incurred expenses in a foreign currency please note the currency in the amount claimed under the relevant section. We will convert any amounts incurred in foreign currencies to New Zealand dollars using the rate of exchange current at the date and time the expense was incurred.
- If you, or any person included in your claim, provide any information, in support of your claim which is false or deliberately misleading, AIG reserves the right to decline your claim in part or in full.

Please tick the applicable box(es) showing which section(s) of the policy you are claiming under. In addition sections A and I must be completed in order for us to assess your claim.

Section A	Your details (Must be completed)
Section B	Overseas medical, hospital and dental expenses
Section C	Cancellation charges/loss of deposits
Section D	Additional expenses
Section E	Luggage and personal effects
Section F	Delayed luggage
Section G	Rental vehicle excess
Section H	Other
Section I	Declaration (Must be completed)

AIG requires the following payment details, should your claim be accepted.

Payment

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix

Account Holder's Name

Option 2: Overseas Bank Transfer

Bank Branch Country

Account details

Email: Broker/Payee

Payee Name I agree the above bank details belong to the named payee

OFFICE USE
Bank a/c checked



SECTION A – YOUR DETAILS

A1. Who is the Policy Holder?

Title	First name	Surname
-------	------------	---------

A2. What are the **first six digits** of your credit card this policy relates to?

In order to protect your credit card information please do not provide your full credit card number in this claim form, or with any of your supporting documents.

--	--	--	--	--	--

A3. What type of card is it (eg. Gold, Platinum, Airpoints Platinum)?

Merchant (eg. Visa)	Card type (eg. Gold)
---------------------	----------------------

A4. Who is the issuing bank?

A5. How much of your pre-paid travel costs were charged to this card? If nil state 'nil'.

\$	
----	--

A6. What date did you charge pre-paid travel expenses to your card?'

/	/	/
---	---	---

A7. What was your scheduled travel departure date?

/	/	/
---	---	---

A8. What was your scheduled travel return date?

/	/	/
---	---	---

A9. Did you purchase any optional policy extensions, eg. pre-existing medical condition cover?

Yes No

If you selected 'yes' please go to A10, otherwise go to A11.

A10. What is the Acceptance Number for the optional extension?

A11. What is the Claimants ('you', 'your') name?

Title	First name	Surname
-------	------------	---------

A12. What is your date of birth?

/	/	/
---	---	---

A13. What is your address?

Street address
Town / Country

A14. What are your contact details?

Home phone	Work phone	Mobile
Email		

A15. What is your occupation?

A16. Have you made any insurance claims in the last five years?

Yes No

If you selected 'yes' please go to A17, otherwise go to A18.

A17. What are the details of those claims?

Name of insurer	Policy type	Description of loss	Date of claim	Amount claimed	Was claim accepted?
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
Total				\$	

A18. Have you lodged a claim under any other insurance policy, medical or health scheme or Act of Parliament (including ACC) that may also cover your loss?

Yes No

If you selected 'Yes' please complete A19.

A19. Who have you claimed against?



SECTION B – OVERSEAS MEDICAL, HOSPITAL OR DENTAL EXPENSES

Complete this section if you have incurred medical expenses resulting from an injury or sickness, or if you were hospitalised, or if you suffered a dental injury whilst you were overseas. You will also need to complete section C and/or section D of this form if you had to come home early or incur additional expenses due to your injury, sickness or hospitalisation.

Claims evidence we require under this section

Medical reports detailing the injury or sickness and any treatment you had.

If you were hospitalised, your discharge summary.

Bills or receipts for any costs you are claiming for.

B1. What happened to give rise to your claim for injury or sickness?

B2. Where were you when you suffered injury or sickness?

Location
Country

B3. Have you ever suffered from the same or similar injury or sickness in the past?
If you selected 'yes' please go to B4, otherwise go to B5.

Yes No

B4. What previous injury or sickness did you suffer?

Detail of injury or sickness suffered in the past	Date of diagnosis	Date you last sought medical attention for this condition	Are you on regular medications for this condition?	Have you had a pre-existing approval for this condition?
	/ /	/ /	Yes / No	Yes / No
	/ /	/ /	Yes / No	Yes / No
	/ /	/ /	Yes / No	Yes / No
	/ /	/ /	Yes / No	Yes / No
	/ /	/ /	Yes / No	Yes / No
	/ /	/ /	Yes / No	Yes / No

B5. Who is your usual doctor in New Zealand?

Name / Practice	
Address	
Phone number	Email

B6. When did the injury happen, or for sickness when did symptoms first appear?

 / /

B7. When did you first seek medical or dental attention for the injury or sickness?

 / /

B8. Who did you seek medical attention from?

Name / Practice	
Address	
Phone number	Email

B9. Were you hospitalised overseas following the injury or sickness?
If you selected 'yes' please go to B10 otherwise go to B15.

Yes No

B10. Where were you hospitalised?

Hospital name	
Address	
Phone number	Email

B11. When were you admitted to hospital?

 : AM PM / /

B12. When were you discharged from hospital?

 : AM PM / /

B13. Did you contact AIG's assistance provider to advise of your hospitalisation?
If you selected 'yes' please go to B14 otherwise go to B15.

Yes No

B14. When was AIG's assistance provider advised?

 / /

B15. What costs are you claiming for? Please list each receipt/bill separately. Claims will be converted to New Zealand dollars using the currency rate applicable at the date and time the expenses were incurred.

Name of treatment provider	Location	Treatment provided	Date of treatment	Amount claimed	Have you paid for this treatment?
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
			/ /	\$	Yes / No
Total				\$	



SECTION C – CANCELLATION CHARGES / LOSS OF DEPOSITS

Complete this section if you have incurred out of pocket expenses for non-refundable travel deposits paid in advance by you, resulting from cancellation or curtailment of all or part of your travel itinerary. You will also need to complete section D of this form if you incurred additional expenses as a result of the same event which required you to cancel or curtail your journey.

Claims evidence we require under this section

Your original itinerary including terms and conditions issued by the relevant travel or accommodation providers.

Proof of your payment for pre-paid expenses.

A statement or letter from your travel or accommodation providers showing the date they were advised of the cancellation and any refunds given.

If travel was cancelled by a travel or accommodation provider - letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.

A death certificate if additional expenses were incurred due to a death or a medical certificate if additional expenses were incurred due to a medical event.

C1. What best describes your need to cancel your journey?

An injury or sickness happening to you. Go to C7.

A death, injury or sickness of another person. Go to C2.

Another event outside your control. Go to C7.

C2. What is the other persons full name?

Title	First name	Surname
-------	------------	---------

C3. What is their date of birth?

C4. What is their usual address?

Street address
Town / Country

C5. What is their relationship to you?

C6. Had this person ever suffered from the same or similar injury or sickness in the past?

Yes

No

C7. What was the date of the event that led to the cancellation of your journey?

C8. What happened that led to cancellation of your journey?

C9. What deposits you are claiming?

Pre-paid expense item	Name of travel or accommodation provider	Date deposit was booked/paid	Date you advised provider of cancellation	Amount Paid (A)	Refund due or received (B)	Amount Claimed (Equals A-B)
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
Totals				\$	\$	\$

C10. If you have not applied for refunds against all of your travel providers, why not?



SECTION D – ADDITIONAL EXPENSES

Complete this section if you incurred expenses during your journey over and above costs which you had budgeted to pay as part of your original travel itinerary due to the happening of an event outside your control. Note costs which you had budgeted to pay include the cost of meals where you would have paid for those meals in any case had the reason for your claim not occurred.

Claims evidence we require under this section

Your original itinerary.

Proof of your payment for pre-paid expenses.

Receipts for your payment of additional expenses.

If additional expenses were incurred due to something to do with a travel or accommodation provider – letter from them explaining the circumstances of the event and any compensation paid to you.

A death certificate if additional expenses were incurred due to a death or a medical certificate if additional expenses were incurred due to a medical event.

D1. Are you also claiming under the cancellation benefit for the same event which led to you incurring additional expenses? Yes No
If you selected 'yes' please go to D2 otherwise go to D8.

D2. What best describes your need to incur additional expenses?
 An injury or sickness happening to you. Go to D8.
 A death, injury or sickness of another person. Go to D3.
 Another event outside your control. Go to D8.

D3. What is the other persons full name?

<small>Title</small>	<small>First name</small>	<small>Surname</small>
----------------------	---------------------------	------------------------

D4. What is their date of birth?

D5. What is their usual address?

D6. What is their relationship to you?

D7. Had this person ever suffered from the same or similar injury or sickness in the past? Yes No

D8. What was the date of the event that led to you incurring additional expenses?

D9. What happened that led to you incurring additional expenses?

D10. Have you received compensation from any other party as result of the event? Yes No
If you selected 'yes' please go to D11 otherwise go to D12.

D11. What compensation did you receive?

D12. Were you required to return to New Zealand following this event? Yes No
If you selected 'yes' please go to D13 otherwise go to D14.

D13. When did you return to New Zealand?

D14. Did you hold a return travel ticket for your journey before you left New Zealand? Yes No

D15. What additional expenses did you incur?

Description of expense	Name of carrier/provider	Date the expense was incurred	Amount incurred (state currency)	Was the expense budgeted in original itinerary?
		/ /	\$	Yes / No
		/ /	\$	Yes / No
		/ /	\$	Yes / No
		/ /	\$	Yes / No
		/ /	\$	Yes / No
		/ /	\$	Yes / No
Total			\$	



SECTION E – LUGGAGE AND PERSONAL EFFECTS

Complete this section if your accompanied baggage items were lost or damaged overseas. Note if you are also claiming for delayed baggage under section F of this form, any amounts we pay for lost or damaged property will be reduced by the amounts that AIG paid or AIG pay under section F.

Claims evidence we require under this section

Proof of ownership and value for the items being claimed.

A police report, property irregularity report or a report from the transport provider, hotel or appropriate authority explaining your loss.

E1. How did the loss or damage occur? (detail each event)

E2. When did the loss or damage occur?

 : AM PM / /

E3. Where did the loss or damage occur?

 Location
 Country

E4. Were you with the items when the loss or damage occurred?

Yes No

E5. When did you become aware of the loss or damage?

 : AM PM / /

E6. Where were you when you became aware of the loss or damage?

 Location
 Country

E7. When did you report the loss or damage?

 : AM PM / /

E8. Who did you report the loss or damage to?

 Authority name
 Location

E9. What action was taken to recover lost items?

E10. Were the lost or damaged items owned by you?

Yes No

If you selected 'no' please go to E11 otherwise go to E12.

E11. Who owns the items?

E12. Were the items lost or damaged by carrier (e.g. airline)?

Yes No

E13. Have you lodged a claim or complaint against any carrier/airline or other authority, or against any individual responsible for the loss or damage to the items?

Yes No

If you selected 'yes' please go to E14 otherwise go to E15.

E14. Who have you claimed against? (please attach copies of correspondence)

NOTE: The 1999 Montreal Convention imposes a liability upon airlines and you should claim from them first.

Carrier	Date claimed	Claim/reference number
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

E15. What items are you claiming for? Please note that baggage claims are subject to depreciation.

Item description	Place of purchase	Purchase date	Purchase price	Amount claimed	Proof of purchase
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
		/ /	\$	\$	Yes / No
Totals			\$	\$	



SECTION F – DELAYED LUGGAGE

Complete this section if you have incurred out of pocket expenses for the replacement of essential items such as toiletries because your luggage was delayed by a carrier. Note if your luggage was not returned to you, any amounts you claim under Section E of this form for lost luggage will be reduced by the amounts you claim for here.

Claims evidence we require under this section

- Itemised receipts for the purchase of essential items claimed by you.
- Property irregularity report from the carrier and confirmation of any compensation paid to you.
- Ticket and baggage tags from the carrier who caused your luggage to be delayed.

F1. Who was the carrier who delayed your luggage?

F2. Did you receive compensation from the carrier for the delay? Yes No
If you selected 'yes' please go to F3 otherwise go to F4.

F3. What compensation did you receive?

F4. Where was your luggage delayed?

Location	
Country	

F5. What was your arrival date and time at this location? : AM PM / / /

F6. Was your luggage returned to you? Yes No
If you selected 'yes' please go to F7 otherwise go to F8.

F7. When was your luggage returned? : AM PM / / /

F8. What essential items did you need to purchase following the delay?

Description of essential items purchased	Traveller item was purchased for	Date of purchase	Time of purchase	Price paid (state currency)	Store where item was purchased
		/ /	: AM PM	\$	
		/ /	: AM PM	\$	
		/ /	: AM PM	\$	
		/ /	: AM PM	\$	
		/ /	: AM PM	\$	
		/ /	: AM PM	\$	
Total				\$	

SECTION G – RENTAL VEHICLE EXCESS

Complete this section if you have incurred legal liability to pay an excess or deductible under a rental vehicle hiring agreement for loss or damage to a rental car you hired during your journey.

Claims evidence we require under this section

- Your rental agreement and confirmation of the insurance you selected including any waivers.
- A police report.
- A statement from the rental organisation showing the amount you were liable to pay.
- The repair invoice for the damage to the rental car.

G1. Who was the rental vehicle hired from?

Rental organisation name	
Address	
Country	
Phone number	Email

G2. Who was the rental agreement issued to?

Title	First name	Surname
-------	------------	---------

G3. What was the make and model of the rental vehicle?

Make	Model
------	-------

G4. When did the rental period start?

/	/	/
---	---	---

G5. When did the rental period end?

/	/	/
---	---	---

G6. When did the accident giving rise to your loss happen?

:	AM	PM	/	/	/
---	----	----	---	---	---

G7. Where did the accident happen?

Location
Country

G8. What were you using the rental vehicle for when the accident happened?

G9. Who was driving or who was in control of the rental vehicle when the accident happened?

Title	First name	Surname
-------	------------	---------

G10. Do you consider yourself liable for the loss or damage to the rental vehicle?

Yes No

G11. Did the police attend the accident?

Yes No

G12. Was there another vehicle involved in the accident?

Yes No

If you selected 'yes' please go to G13 otherwise go to G16.

G13. Who was driving the other vehicle?

Title	First name	Surname
Address		
Country		
Phone number	Email	

G14. What was the make and model of the other vehicle?

Make	Model
------	-------

G15. Who is the insurer of the other vehicle?

Company name
Location / Country

G16. What were the total repair costs for the rental vehicle?

\$	
----	--

G17. What excess were you liable to pay under your rental agreement?

\$	
----	--

G18. What excess was charged to you by the rental organisation?

\$	
----	--

G19. What were the circumstances that led to the accident? Please provide as much detail as possible.

If necessary a diagram may be used to depict the event.



SECTION H – OTHER

Complete this section if you have incurred a loss which is not detailed elsewhere on the Claim Form. You will need to state the Policy Section under which you believe you have a claim and provide full particulars of the loss, including relevant dates and amounts that have been paid by you.

Claims evidence we require under this section

Any additional information such as reports from authorities which support your claim.

H1. Which policy section(s) describes your loss?

H2. What was the event date giving rise to your loss?

H3. How much are you claiming for?

H4. What are the circumstances of your loss? Please provide as much detail as possible.



SECTION I – DECLARATION

You Must Sign Below

I/we (print name/s)

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 AIG Insurance New Zealand Limited ('AIG') with assistance in dealing with this matter and understand that failure to co-operate with AIG and to provide all information relevant to the circumstance may result in my/our claim being denied.

AUTHORITY:

I/we authorise any person or entity (including any hospital, physician or other person who has attended me, my employer, my accountant and other professional advisers, financial institutions including banks and insurers, government departments including Inland Revenue, telecommunications and internet service providers, airlines, hotels, shipping agents, and/or travel agents) to furnish AIG or its representatives with:

- I. copies of hospital and medical reports/notes which AIG considers relevant to the claim;
- II. information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment) which AIG considers relevant to the claim; and
- III. copies of any other documents or records considered by AIG to be relevant to the claim and which may include copies of employment records, income tax returns and bank statements.

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.

UNTRUE / FALSE INFORMATION:

I/we agree to provide AIG or AIG representatives with all requested information or documentation relevant to our claim. I am/we are aware that if I/we supply any untrue or false information and know it is not true, AIG shall have the right to refuse the claim in part or in full.

ICR (Insurance Claim Register Limited):

I/we agree that AIG may obtain information from, or provide information to the ICR that is relevant to this claim, your previous claims or future claims. This may include personal information about you and your claim.

PRIVACY:

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

1. collecting holding and using personal information including information by audio, photographic or video surveillance, provided for the 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 another AIG company, its staff members, the insured, other insurers and reinsurers, law enforcement agencies, investigators, lawyers, assessors, advisors, emergency providers, medical providers, travel carriers and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim, including providing a report, data management and/or data analytics or claims recovery.

Information is provided voluntarily however if AIG does not collect this information, it 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@aig.com

NOTE: AIG will only seek information which in its opinion it believes to be relevant to investigation of the claim.

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

I agree

Date

Are you signing on behalf of the Insured person?

Yes No

If you selected 'Yes' please complete below stating your authority to do so and relationship.

Name Phone

Position of Authority to sign – Nature of Relationship

AIG Insurance New Zealand Limited

The AIG Building
PO Box 1745, Shortland Street
Auckland 1140
New Zealand
+64 9 355 3072 Telephone
+64 9 355 3135 Facsimile

www.aig.co.nz



Bring on tomorrow