

# Overseas Extension Form (NZ)



Please complete all sections CLEARLY and RETURN to Downunder Worldwide Travel Insurance by fax +64 489 9573 or email [dunder@internet.co.nz](mailto:dunder@internet.co.nz) . Please note that your agent will endorse your policy with the same extensions/ endorsements as your original certificate unless otherwise stated herein.

Full name of Principal insured \_\_\_\_\_

Certificate Number \_\_\_\_\_ Age \_\_\_\_\_

New Zealand Home Address \_\_\_\_\_

Phone No (work) \_\_\_\_\_ (home) \_\_\_\_\_ Email \_\_\_\_\_

Current overseas address (where you are at present) \_\_\_\_\_

Phone No (work) \_\_\_\_\_ (home) \_\_\_\_\_

Please note, if any changes to previous policy. \_\_\_\_\_

(If changes are made). Proposed policy and areas to visit. \_\_\_\_\_

(If changes are made). Proposed dates of extension (from and to). \_\_\_\_\_

Proposed date of return to New Zealand (if known) \_\_\_\_\_

### Contact Details (Please advise CLEARLY how we should contact you)

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_  
(including country/area code)

Person we should ask for if not yourself \_\_\_\_\_

### PAYMENT DETAILS

Name on card \_\_\_\_\_

Payment Details Visa / MC / Amex (A \$20.00 administration fee applies to all policies).

Exp

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**Warranty** At the time of requesting this insurance, the proposer warrants that all the persons to be covered are not travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment. Furthermore, the proposer warrants that all the persons to be covered are not suffering from (or receiving advice, medication or treatment for) any medical conditions whatsoever.

It is further warranted that no claim has been made under any original certificate (or any extension thereof) and nothing has arisen or occurred during the trip that would result in a claim being made. The Proposer understands that underwriters will accept no increased liability under the policy during the period between insurance commencing and the proposer receiving, reading and understanding his or her insurance documents. The Proposer understands that this application may be subject to approval from the Underwriters. No cover is available until confirmed by the issuing agent.

Proposer on behalf of all insured persons \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_