

Travel Claims Form



Section 1 - Your Personal Details

Name: _____ Date Of Birth: DD / MM / YY

Policy No. _____

Email Address: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Tel No. () _____ Mobile No. () _____

Travel Dates: DD / MM / YY to DD / MM / YY Date Of Incident: DD / MM / YY

Location Of Incident: _____

Account Number: _____ Suffix: _____

Name of Bank _____ Name Of Account _____

Section 2 - How Did You Pay For Your Trip?

Did You Use A Credit Card To Purchase Any Of Your Original Travel Arrangements Prior To Departure? Yes No

If Yes, What Level Is The Credit Card? Gold Platinum Diamond Other _____

Complete Name On The Credit Card: _____

Name Of The Financial Institute: _____

Claim Declaration

I declare that the above information provided by me is true and correct to the best of my knowledge.

Signature: _____

Date: DD / MM / YY

Travel Claims Form



Section 3 – What Are You Claiming For?

A) Medical

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary.
- ✓ Receipts and proof of payment for the medical expenses you have 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.

Your Medical Summary

Please Describe The Nature Of Your Injury/Illness: _____

Have You Ever Suffered From The Same Medical Condition Before? Yes No

Did You Contact Our Emergency Assistance Team? Yes No

Name Of Overseas Doctor: _____ Name Of Medical Practice: _____

Hospital Attended: _____

Dates In Hospital - Admitted: DD / MM / YY

Discharged: DD / MM / YY

Medical Expenses

| Name Of Patient | Name Of Hospital/ Practice | Date Of Expense | Currency | Amount |
|-----------------|-------------------------------|---------------------|----------|--------|
| | | <u>DD / MM / YY</u> | | _____. |
| | | <u>DD / MM / YY</u> | | _____. |
| | | <u>DD / MM / YY</u> | | _____. |
| | | <u>DD / MM / YY</u> | | _____. |

Travel Claims Form



B) Cancellations Charges/Loss Of Deposit Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice/statement of accounts showing the total cost of your travel arrangements.
- ✓ Your proof of payment for your travel arrangements.
- ✓ The refund advice from individual travel providers relating to your trip.
- ✓ Proof supporting the reason for cancellation.

Your Claim Summary

When Did You Book Your Trip? _____

How Did You Book It? (Travel Agent, Online, Group Booking) _____

Intended Departure Date: DD / MM / YY

Date Of Cancellation: DD / MM / YY

Why Was Your Trip Cancelled:

Cancellation Or Lost Deposit Expenses

| Date Purchased | Description | Amount Paid | Any Refund Recieved | Amount Claimed |
|---|-------------|-------------|---------------------|----------------|
| <u> DD </u> / <u> MM </u> / <u> YY </u> | | | | ____.____ NZD |
| <u> DD </u> / <u> MM </u> / <u> YY </u> | | | | ____.____ NZD |
| <u> DD </u> / <u> MM </u> / <u> YY </u> | | | | ____.____ NZD |
| <u> DD </u> / <u> MM </u> / <u> YY </u> | | | | ____.____ NZD |

Travel Claims Form



C) Additional Expenses Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Original and amended flight itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice showing the total cost of your travel and/or accommodation arrangements.
- ✓ Receipts/proof of payment for the additional expenses claimed.
- ✓ Refund advice for your original arrangements that were unused due to your delay.

Expense Claim Summary

Details Of The Incident: _____

Unexpected Expenses Summary

| Date Of Expense | Description | Currency | Amount |
|---------------------|-------------|----------|--------|
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |

D) Luggage and Personal Effects Claim

- ✓ Your original itinerary.
- ✓ Proof of Ownership for the items that were lost, stolen or damaged (e.g. Receipts/Bank Statements).
- ✓ Proof of Loss (i.e. Police report, report to hotel, airline etc.).
- ✓ If the item is damaged, a repair quote from a reputable provider.

Travel Claims Form



Luggage & Personal Effects Summary

How Did The Loss, Damage Or Theft Occur? _____

Date Loss/Damaged Occured: DD / MM / YY

Date Reported: DD / MM / YY

Do You Hold Any Other Insurance Cover For The Item/s Listed (eg. contents insurance)? Yes No

Details Of This Insurance: _____

The Event Was Reported To? (Police, Airline or another Authority): _____

Luggage & Personal Effects Expenses

| Description | Original Date Of Purchase | Date Of Loss | Amount Claimed |
|-------------|---------------------------|---------------------|----------------|
| | <u>DD / MM / YY</u> | <u>DD / MM / YY</u> | \$ _____. |
| | <u>DD / MM / YY</u> | <u>DD / MM / YY</u> | \$ _____. |
| | <u>DD / MM / YY</u> | <u>DD / MM / YY</u> | \$ _____. |
| | <u>DD / MM / YY</u> | <u>DD / MM / YY</u> | \$ _____. |

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Section 4 – Other Claimable Events

This section relates to an event not included in section 3 of this form.

Please Provide A Brief Description Of The Circumstances Relating To This Claim:

Where Appropriate Please Attach Any Additional Documentation To Support Your Claim.

| Date Of Expense | Description | Currency | Amount |
|---------------------|-------------|----------|--------|
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |
| <u>DD / MM / YY</u> | | | _____. |

How To Send The Claims Form To Us.

Please return the completed claim form with the necessary supporting documentation.

If you are posting us any original documents please make sure you register the parcel and have backup copies.

Travel Claims Centre
PO Box 106-154
Commerce Street Auckland City
1134, New Zealand

or

info@travelclaimscentre.co.nz