

Corporate Travel Insurance Claim Form

Please print out for signatures and post original to your broker if applicable or to AIG Insurance New Zealand Limited.

Corporate Policies Only:
This section MUST be completed by the person authorised by the policyholder for insurance declarations.
Full Policy No
Are You the Company officer who is authorised to approve and responsible for all Travel Insurance declarations to the broker?
If No, you must ask the authorised Company person to complete.
Name of Insured Company
Traveller/claimant's position in Insured Company
Did the loss occur whilst on Authorised Business Travel? YES / NO
If YES, what was the nature of business to be done on the trip?
If NO, did you authorise cover under the Company policy for all the persons claiming loss? YES / NO
Has this trip been included on your annual travel insurance declaration? YES / NO When?
Details of journey
Departure Date / / Return Date / /
Was an air trip involved in the travel? YES / NO Give details
Signature: Date: / /
Name (please print) Title/Position of Authority Position: / /
Settlement will be paid to Traveller unless the Policyholder specifically instructs AIG otherwise
The Alle As Districts
Traveller's Details
Name of Traveller/s (Mr/Mrs/Miss/Ms) Address
Phone Day After hours Email
Occupation Date of Birth /
Period of Journey: Total Number of Days: From / / to / /
Luggage and Personal Effects
Add sheet if insufficient space
Give full details of how loss, damage or theft occurred:
Date of occurrence / at AM / PM Date loss reported / at AM / PM
Date loss reported AM / PM Name of Authority Loss reported to:
Address
Were articles lost by Carrier? (eg Airline) YES / NO Carrier Name





YES / NO	·	nt against any other autho	, , ,	rindividual respon	sible for the loss or	damage to your	property
Are any of the item	s covere	d by other insurance?	YES / NO	If Yes - which	Company		
Were all the missing articles your property?		YES / NO	If not, who is th	ne owner?			
Give a full descripti	on of ty	pe and size of suitcase o	r bag in which m	nissing goods wer	e carried		
Full details of ar claimed (include of cases)		Name and address of supplier from whom goods were purchased	Date of Purchase	Purchase Price	Deduction for Deprec.	Amount Claimed	Remarks

- 1. Report or letter from Authority (e.g. Police, Airline) regarding the loss, where available.
- 2. Proof of original purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Card Vouchers, etc.)
- 3. Please attach ALSO, any receipts for items which You have replaced already.

Medical Expenses or Cash in Hospital	
Date of Accident or Date Symptoms of Sickness First Appeared Where were you? Place: Town/City:	Country
Give full details of Injury or Illness	
Have you Lodged a claim with ACC? YES / NO Advise their claim number	
Date of First Medical Consultation /	
Name & Address of Doctor or Hospital	
Name & Address of any other Doctor/s or Hospital/s who treated You.	
Hospital: Date Admitted / / AM / PM Discharged Have you EVER suffered from the same or a similar complaint in the past? YES / NO If Yes, give details, dates, duration etc.	/ / AM / PM
NB. If you are a member of a Private Health fund you must claim from that fund before sul	bmitting this claim.
Are you a member of a Private Health Insurance fund e.g. Southern Cross YES / NO Name of Insurer	
Details of expenses incurred (attach list if required) Description of Item	Cost NZ\$
A .	

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- 1. Original Doctors/Hospital accounts and receipts together with statements from your Private Health Insurer/ACC details.
- 2. Original Doctors Certificate.





Please give reason Date you advised Travel Agent to cancel bookings (if applicable) / Date of Incident causing Loss / If cancellation costs or additional expenses were incurred due to Injury/Sickness: Name of person Relationship to You Address Age Describe the Injury/Illness Date of First Treatment / Has the patient EVER had a similar condition before? YES / NO Patients Usual Doctor Name; Address & phone number Amount of Deposit paid \$ Date Paid / Were any additional fares incurred as a result of cancellation YES / NO Give details Were any alternative arrangements sought by You or alternative offers made? YES / NO Give details Reason for incurring additional expenses or forfeiting travel or Accommodation expenses Details of expenses incurred (attach list if required) Description of Item Cost NZ\$	Cancellation / Additional Expenses Cancellation of journey:	
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TOTAL NZ\$	Details of expenses incurred (attach list if required) Description of Item	Cost NZ\$
TOTAL NZ\$		
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THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- 1. Original Receipts and/or Tickets relating to loss of deposits or additional expenses incurred
- 2. Substantiation i.e. Original Doctor/Hospitals Certificate relating to Injured or Sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

Personal Money Date of Loss Date Notified		Place of Loss Which Police Station was advised?
Description of the incident	t	
Amount Claimed	NZ\$	OR what currency applies
Foreign Amount		
Where and when did you	obtain the money?	

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- 1. Police report
- 2. Bank or credit card statement showing withdrawal of money or travellers cheque receipt





Personal Liability Date of Incident / / Written claim demands made on you MUST BE INCLUDED WITH THIS CLAIM Bodily Injury Name and Address of Injured Party	
Details of Injury	
Is the Injury or Damage related to a travelling companion? YES / NO Is this person related to You? YES / NO Give Details Damage to Third Party Property Name and Address of Party claiming against You	
Describe Property Damage Do you consider you were at fault? YES / NO (If yes, why)	
Payment Option 1: Direct credit to NZ bank account. Please complete bank details and account number below OFFICE USE Bank a/c check	_
Bank Branch Country Account details	
AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct	
Email: Broker/Payee	
Payee Signature Payee Name	





Declaration; Authority & Privacy Consent

Insured Traveller Must Sign Below

I/we (print name/s) Print Name

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 hospital, physician or other person who has attended me, or my employer or my accountant to furnish AIG or its representatives with:

- I. copies of hospital and medical reports/notes;
- II. copies of employment records and income tax returns; to the extent that they are relevant to the claim and
- III. information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment).

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.

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 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 re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we 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, Travel Guard, recording of all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

Signatures/s of Insured person/s	Date	/	/

- You will need to attach substantiating documents as specified in this claim form.
- Failure to provide substantiating items may result in delays in processing your claim if it is impossible to provide any of the items required please advise the reason.
- The issue of this form is not an admission of liability and is without prejudice

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