

Corporate Travel Insurance

Claim Form



Corporate Policies Only This section MUST be completed by Full Policy No	the person authorised by the p			
Are You the Company officer who is If No, you must ask the authorised Name of Insured Company Traveller/claimant's position in Insu	Company person to complete.	nsible for all Iravel Insura	ance declarations to the broker?	YES / NO
Did the loss occur whilst on Authori If YES, what was the nature of busin		NO		
If NO, did you authorise cover und Has this trip been included on your			YES / NO	When?
Details of journey				
Departure Date Was an air trip involved in the trave	el? YES / NO Give o	letails	Return Date	
I Agree: Name (please print) Settlement will be paid to Traveller	Date: unless the Policyholder specifico	ally instructs AIG otherv	Position: vise	
Traveller's Details Name of Traveller/s (Mr/Mrs/Mis	ss/Ms)			
Phone Day	After hours		Email	
Occupation Period of Journey: Total Num	ber of Days:	From	Date of Birth to	
, , , , , , , , , , , , , , , , , , , ,				
Luggage and Personal E Add sheet if insufficient space Give full details of how loss, damage				
Date of occurrence		at .	AM / PM	
Date loss reported Name of Authority Loss reported to Address	:	at	AM / PM	
Were articles lost by Carrier? (eg A Have You made a claim yet?	virline) YES / NO YES / NO Claim No	Carrier Nam	ne	
NOTE: The Montreal Convention in	nposes a liability upon the Carri	er and you should clair	m on them first.	



any of the items covered b	y other insurance?	S/NO	If Yes - whicl	h Company		
e all the missing articles yo		YES / NO	If not, who is	the owner?		
e a full description of type of	and size of suitcase or bag i	n which missing g	goods were carried			
Full details of articles aimed (include value 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 H	ospital		
Date of Accident or Date Symptoms of Sickn	ess 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 num	ber	
Date of First Medical Consultation			
Name & Address of Doctor or Hospital			
Name & Address of any other Doctor/s or H	ospital/s who treated You.		
Hospital: Date Admitted	AM / PM	Discharged	AM / PM
Have you EVER suffered from the same or a s	·	ŭ	
If Yes, give details, dates, duration etc.			
NB: If you are a member of a Private Health	fund you must claim from that fund before su	bmitting this claim.	
,	,	ŭ	
A	vrc / N		
Are you a member of a Private Health Insura Name of Insurer	nce fund e.g. Southern Cross YES / N	0	
Details of expenses incurred (attach list if requ	red) Description of Item	Cost NZ\$	
		TOTAL NZ\$	

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.



Cancellation / Additional Expenses Cancellation of journey:			
Please give reason Date you advised Travel Agent to cancel bookings (if applicable)	Data	of Incident causing Loss	
If cancellation costs or additional expenses were incurred due to Injury/Sickness		or incident cousing loss	
Name of person	Relationshi	o to You	
Address	Rolalionsiii	710 100	Age
Describe the Injury/Illness			, igo
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 de	tails	
There arry allermante arrangements seegin by 100 of allermante offers made.	1207 110	Tano	
Reason for incurring additional expenses or forfeiting travel or Accommodation e	expenses		
		C	
Details of expenses incurred (attach list if required) Description of Item		Cost NZ\$	
	TOTAL	NZ\$	

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- 1. Original Receipts and/or Tickets relating to loss of deposits or additional expenses incurred
- 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	
Amount Claimed	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
Option 2 Overseas Bank Transfer	Bank a/c checked
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	
Elitali. Biokely Fayee	
I Agree	



Declaration; Authority & Privacy Consent

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

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

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 2020:

- 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 located overseas, its staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, medical specialists, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer or other service provider to AIG 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 we do not collect this information we may not be able to assess a claim. Insured person have rights under the Privacy Act 2020 to access and correct their personal information. 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 of all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

I Agree Date		
	I Agree	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.



