

Leisure Travel

Claim Form



IMPORTANT INFORMATION ABOUT THIS FORM

- If emailing, please submit to NZTravelClaims@aig.com.
- 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 a copy of your Certificate of Insurance with your claim.
- 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 – please complete section
Section C	Cancellation charges/loss of deposits – please complete section
Section D	Additional expenses – please complete section
Section E	Luggage and personal effects – please complete section
Section F	Delayed luggage – please complete section
Section G	Rental vehicle excess – please complete section
Section H	Other – please complete section
Section I	Declaration (Must be completed)

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

Payment					
Option 1: Dire	ect credit to NZ bank a	ccount. Please complete bar	nk details and account num	nber below	
					OFFICE USE
Bank	Branch	Account		Suffix	Bank a/c checked
Option 2: Ove	erseas Bank Transfer				,
Bank		Branch	Country		
Account detai	ls				
Email: Broker/	[/] Payee				
Payee Name		l agr	ee the above bank details	belong to the named payee	



SECTION A – YOUR DETAILS

1.	Who is the Policy Holde	er?				
	Title	First name				
\ 2.	What is the Policy Num	ber?				
۸3.	Who is the issuing Ager	nt / Broker? If the poli	cy was purchased direct, write 'direct'			
۸4.	Did you purchase any of If you selected 'yes' ple				Yes	No
۸5.	What is the Acceptance					
6.	What is the Claimants ('you', 'your') name?				
	Title	First name				
7. .8.	What is your date of bi What is your address?	rth?				
	Street address Town / Country					
9.	What are your contact	details?				
	Home phone		Work phone	Mobile		
	Email					
10.	What is your occupation	n?				
	Have you made any in. If you selected 'yes' ple What are the details of	ease go to A12, otherw			Yes	No
	,,,,,,,,					
	Name of insurer	Policy type	Description of loss	Date of claim	Amount claimed	Was claim accepted?
		Policy type	Description of loss			accepted? Yes / No
		Policy type	Description of loss			accepted? Yes / No Yes / No
		Policy type	Description of loss			accepted? Yes / No Yes / No Yes / No
		Policy type	Description of loss			accepted? Yes / No Yes / No
		Policy type	Description of loss	of claim		Yes / No
13	insurer			of claim	claimed \$ \$ \$ \$ \$	accepted? Yes / No
13.	insurer Have you lodged a cla or Act of Parliament (inc	im under any other ins cluding ACC) that may	urance policy, medical or health schei v also cover your loss?	of claim	claimed \$ \$ \$ \$ \$	accepted? Yes / No
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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.

2. Where were you when you suffered injury or sickness? Content	aims e	vidence we require unde	er this section						
Bills or receipts for any costs you are claiming for. What happened to give rise to your claim for injury or sickness? What happened to give rise to your claim for injury or sickness? London London By What previous injury or sickness of the same or similar injury or sickness in the past? London By What previous injury or sickness suffered alignmosis in the past? Date of diagnosis injury or sickness suffered alignmosis in the past? Date of diagnosis injury or sickness suffered alignmosis in the past? Date of diagnosis injury or sickness suffered alignmosis in the past? Date of diagnosis injury or sickness suffered alignmosis in the past? What has a suffered in the past in the past of diagnosis in the past? What has a suffered in the past in the past of diagnosis in the past? What has a suffered in the past in the past of diagnosis in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in the past in the past? What has a suffered in the past in t		Medical reports det	ailing the injury or sickr	ness and any treatm	nent you had.				
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## What previous injury or sickness did you suffer? Date Dat		Country							
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Yes / No				diagnosis	this condition			this cond	tion?
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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 result of the same event which required you to cancel or curtail your journey.

P P A real of the second of th	Proof of your payme A statement or letter refunds given. If travel was cancelle and any refund / co A death certificate if due to a medical eve at best describes yo An injury or si A death, injury Another event If you selected that is the other person the not is their date of bir and is their usual additated address own / Country that is their relationshi	ur need to cancel your j ckness happening to yo y or sickness of another outside your control. go I 'a death, injury or sick as full name? First name th?	modation provider yable to you ere incurred due to you go to C7 person. go to C2 o to C7	lers showing the date - letter from them ex a death or a medica	they were advis	ed of the cancell umstances of the ditional expenses	cancellation
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2. Who	A death certificate if due to a medical even at best describes you and best describes you and here to a death, injury or single Another event of the second is the other personal is their date of bird and is their date of bird and is their usual additional to their date of the second is their usual additional is their relationship and is their relationship date of the second in	additional expenses we ent. ur need to cancel your j ckness happening to yo y or sickness of another outside your control. go I 'a death, injury or sicknes full name? First name th? ress?	ere incurred due to journey? u. go to C7 person. go to C2 to to C7	'son' please go to C2	? otherwise go to		s were incurre
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5. Who	treet address own / Country nat is their relationshi						
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6. Had 7. Who		p 10 you?					
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7. Who	d this parcan avar ou	ffered from the same of	similar injury or sid	knoss in the nast?		Yes	No
		ne event that led to the c				163	140
5. VVIIC		d to cancellation of you		loomeye			
2 24	.1 .						
9. Who	nat 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 of deposit paid	Amount of refund you have applied for	Amount being claimed
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					Totals	\$	
10. If vc				lore why not?	ioidis		
, ,	ou have not applied	for refunds against all a	ot vour travel provic	aeis, willy libig			



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 expe	enses.			
	Receipts for your payment of additional	expenses.			
	If additional expenses were incurred due circumstances of the event and any com		mmodation provide	r - letter from then	n explaining t
	A death certificate if additional expense due to a medical event.	s were incurred due to a death or a me	dical certificate if a	dditional expenses	s were incurre
1.	Are you also claiming under the cancellatic incurring additional expenses? If you selected 'yes' please go to D2 other		to you	Yes	No
2.	What best describes your need to incur add	-			
۷.					
	An injury or sickness happening to				
	A death, injury or sickness of ano	· ·			
	Another event outside your control	ol. go to D8			
3.	What is the other persons full name?				
	Title First name				
4.	What is their date of birth?				
5.	What is their usual address?				
	Street address Town / Country				
6.	What is their relationship to you?				
Ο.	Wilding the relationship to your				
<i>7</i> .	Had this person ever suffered from the same	e of similar injury or sickness in the past	Ś	Yes	No
				.00	
8.	What was the date of the event that led to v	ou incurring additional expenses?			
8. 9.	What was the date of the event that led to y What happened that led you incurring add	•			
	·	•			
9.	What happened that led you incurring add	itional expenses?			
9.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other	other party as result of the event?		Yes	No
9.	What happened that led you incurring add Have you received compensation from any	other party as result of the event?		Yes	No
9.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other	other party as result of the event?		Yes	No
9.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other What compensation did you receive?	other party as result of the event?			
9. 10.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other	other party as result of the event? wise go to D12		Yes	No No
9. 10. 11.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other What compensation did you receive? Were you required to return to New Zealar	other party as result of the event? wise go to D12			
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9. 10. 11. 12. 13.	What happened that led you incurring add Have you received compensation from any If you selected 'yes' please go to D11 other What compensation did you receive? Were you required to return to New Zealar If you selected 'yes' please go to D13 othe When did you return to New Zealand? Did you hold a return travel ticket for your jubility with the did you incur?	other party as result of the event? Twise go to D12 and following this event? Trwise go to D14 bourney before you left New Zealand?	expense was	Yes Yes Amount incurred (state currency)	No Was the expense budgeted in original itinerary?
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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 you are claiming for under section F.

aims e	evidence we require under this section						
	Proof of ownership and value for the ite	ms being claime	ed				
	A police report, property irregularity re loss	port or a report	from the tr	ansport provide,	, hotel or appropri	ate authority ex	plaining your
E1.	How did the loss or damage occur? (detail	l each event)					
E2.	When did the loss or damage occur?						
E3.	Where did the loss or damage occur?						
	Location						
	Country					V	NI-
Ξ4 .	Were you with the items when the loss or o		.qŝ			Yes	No
5.	When did you become aware of the loss of						
E 6.	Where were you when you became aware	e of the loss or c	damage?				
	Location						
E7.	When did you report the loss or damage?						
-/. =8.	Who did you report the loss or damage to	ş					
	Authority name						
E9.	What action was taken to recover lost item	ş					
E11. E12. E13.	Have you lodged a claim or complaint ag or against any individual responsible for the If you selected 'yes' please go to E14 othe Who have you claimed against? (please of	ainst any carrie ne loss or damag rwise go to E15 attach copies of	ge to the ite	ems? dence)		Yes Yes	No No
	NOTE: The 1999 Montreal Convention im	poses a liability					
	Carrier		Date cl	aimed	Claim / r	eference numbe	er
E15.	What items are you claiming for?						
	Item description	Place of p	urchase	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		\$	100 / 140



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 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 Νo If you selected 'yes' please go to F3 otherwise go to F4 F3. What compensation did you receive? F4. Where was your luggage delayed? F5. What was your arrival date and time at this location? F6. Was your luggage was returned to you? Yes Nο If you selected 'yes' please go to E11 otherwise go to E12 When was your luggage returned? F7. What essential items did you need to purchase following the delay? F8. Description of essential Traveller item was Date of Time of Price paid Store where items purchased purchased for purchase purchase (state currency) item was purchased 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

Vour rental agreement and confirmation of the insurance you selected including any waivers.			
As statement from the rental organisation showing the amount you were flable to pay. The repair invoice for the damage to the rental car. 61. Who was the rental vehicle hired from Formal apparature name Address Caustry There member Formal apparature name Formal			
The repair invoice for the damage to the rental car. G1. Who was the rental vehicle hired from Repair Congentiation name Repair Constitution Repai			
G1. Who was the rental vehicle hired from Reated organization name Reated organization Reated Reate			
Ratid organization name Address Country Flore number Emoil Flore number Tills First name G3. What was the make and model of the rental vehicle? Tills Makes Model G4. When did the rental period start? G5. When did the rental period and? G6. When did the accident giving rise to your loss happen? Country Tills First name G7. What were you using the rental vehicle for when the accident happened? 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? First First name G10. Do you consider yourself liable for the loss or damage to the rental vehicle? G12. Was there another vehicle involved in the accident? G13. Who was driving the other vehicle involved in the accident? First name G14. What was the make and model of the other vehicle? G15. Who was driving the other vehicle? G16. Who was driving the other vehicle? G17. What was the make and model of the other vehicle? Modes G18. Whot was the make and model of the other vehicle? Modes G19. What were the total repair costs for the rental agreement? G10. Whot were the total repair costs for the rental agreement? G11. What excess were you liable to pury under your rental agreement? G18. What were the total repair costs for the rental vehicle? G19. What excess was charged to you by the rental organization? G19. What excess was charged to you by the rental organization? G19. What excess was charged to you by the rental organization? G19. What excess was charged to you by the rental organization?		The repair invoice for the damage to the rental car.	
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Phone number Email			
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G7. Where did the accident happen? Location	G5.		
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	G18.	What excess was charged to you by the rental organisation?	\$
If necessary a diagram may be used to depict the event.	G19.		
		It 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 M	Nust Sign Below
I/we	(print name/s)
a clair ('AIG'	re that the above answers and those contained in any attachments are true and note that the Insurer may rely on such answers in determining m. I/we have not concealed any material fact relating to this circumstance. I/we undertake to provide AIG Insurance New Zealand Limited (1) with assistance in dealing with this matter and understand that failure to co-operate with AIG and to provide all information relevant to the asstance may result in my/our claim being denied.
AUTI	HORITY:
and o	authorise any person or entity (including any hospital, physician or other person who has attended me, or my employer, my accountant ther professional advisers, financial institutions including banks and insurers, government departments including Inland Revenue, mmunications and internet service providers, airlines, hotels, shipping agents, and/ or travel agents) to furnish AIG or its representatives with:
l.	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.
l/we use as	agree that a photocopy of this authorisation shall be considered as effective and valid as the original and authorise its such.
UNT	RUE / FALSE INFORMATION:
	e agree to provide AIG or AIG representatives with all requested information or documentation relevant to our claim. Ywe 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
ICR (I	nsurance Claims Register Limited):
	e agree that AIG may obtain information from, or provide information to the ICR that is relevant to this claim, ous claims or future claims.
PRIV	ACY:
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 reinsurers, law enforcement agencies, investigators, medical specialists, lawyers, assessors, advisors 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, or other service provider to AIG.
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under be ob	management and/or data analytics or claims recovery, or other service provider to AIG. nation is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured person have rights the Privacy Act 2020 to access and correct their personal information. Further information about this or making a privacy complaint can
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