



ACE Insurance Limited
The ACE Building
345 Queen Street
P O Box 734, Auckland 1
New Zealand

09 377 1459 *Tel*
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Travel Insurance Claim Form

Name of Insured: _____

Policy No: -

Name of Claimant: _____

Date of Birth: _____ / _____ / _____

Address: _____

Telephone Home: _____ Business: _____

Date of intended or actual departure from your usual place of residence or employment for the journey from New Zealand. _____ / _____ / _____

Date of intended or actual arrival at your usual place of residence or employment for the journey from New Zealand. _____ / _____ / _____

SECTION 1: BAGGAGE AND MONEY

Date of Loss/Theft/Damage: ____ / ____ / ____ Time: _____ am / pm Place: _____

Describe exactly what happened: _____

Was the matter notified to the Police/Airline/Hotel? Yes No

if "Yes" attach a copy of the report and any reply
 if "No", please provide an explanation: _____

What other steps have been taken to recover the property? _____

Do you have any other insurance on the property? (Eg. Householders insurance) Yes No

if "Yes", please provide details: _____

Does the property belong to any other person? Yes No

Description of Property Damaged or Lost	Where Purchased	Date of Purchase	Original Cost (attach receipt)	Replacement Value or Cost or Repairs	FOR OFFICE USE

(Attach a Separate Sheet if Necessary) Please attach - Valuations and/or Original Purchase receipts
 - Repair or Replacement invoice

SECTION 2: LOSS OF DEPOSITS / TRAVEL DELAY / INTERRUPTION / CURTAILMENT

What date was the deposit paid? ____ / ____ / ____

What was the date and reason for trip cancellation? ____ / ____ / ____ _____

If cancellation was due to illness, accident or death, of person other than the claimant, please provide the age and relationship of the person concerned.

Name: _____ Age: _____ Relationship: _____

Name, Address & Telephone Number – Airline / Hotel etc	Amount Paid	Amount Refunded	Residual Loss
Total:			

For Loss of Deposit Claims Only: Declaration by Travel Consultant

I declare that the information shown is correct and that I have taken all possible steps to recover the maximum amount refundable. The amounts claimed have not been and cannot be recovered.

Dated at _____ this _____ day of _____ 2 _____

Signature: _____ Name _____

Company Name: _____

Address: _____

For Loss of Deposit Claims: Please attach a detailed outline of your planned itinerary, including dates of departure and return.
 For Other Claims: Attach all available documents, receipts/invoices, which support the circumstances relating to your claim.
 You are required to provide medical evidence if your claim is the result of a medical condition. Call ACE Insurance Limited to obtain a medical certificate for completion or obtain a letter from your doctor detailing date of diagnosis, treatment provided etc.

SECTION 3: MEDICAL /AND PERSONAL ACCIDENT AND SICKNESS

Patients Name: _____ Date of Birth: ____ / ____ / ____

Date illness or injury first occurred: ____ / ____ / ____ Time: _____ am / pm

Location / Country: _____

Describe the nature of the illness / injury: _____

How did the illness/injury occur? _____

Have you ever suffered from this illness/injury before? Yes No

If "Yes", please state when and provide full details _____

Provide details of your General Practitioner and Treating Doctor:

Name	Address	Phone

Are these expenses recoverable from any other Society/Organisation/Insurer? Yes No

If "Yes", provide details: _____

ITEMISE THE EXPENSES INCURRED

Name & Address of medical Attendant/Provider	Nature of Illness/Injury and Treatment	Amount
Total:		

Attach copies of Medical/Hospital/Accounts, receipts and any other documentation that supports your claim.
 For Medical Claims totalling over \$200 a Medical Certificate will be required.
 The Declaration must also be signed by the person that the expenses relate to if other than the claimant.

SECTION 4: OTHER - KIDNAP & RANSOM/HIJACK & DETENTION/ALTERNATIVE EMPLOYEE/ RESUMPTION OF ASSIGNMENT EXPENSES/COLLISION OR DAMAGE / PERSONAL LIABILITY

Date of Event: ____ / ____ / ____ Location/Country: _____

Describe exactly what happened: _____

ITEMISE THE EXPENSES INCURRED

Description	Amount
Total:	

DECLARATION

I declare that to the best of my knowledge the particulars are true and correct, and that I have not withheld any information that is relevant to this claim. I will notify ACE Insurance Limited immediately if any of the loss or stolen property mentioned in this claim is subsequently recovered and surrender the property or refund the amount of money received in compensation to ACE Insurance Limited.

I accept that wilful or reckless exaggeration or inflation of the amount/s claimed will result in automatic forfeiture of the claim and the policy shall be void.

I request and authorise any hospital, doctor, or other person who has attended or examined me to furnish to ACE Insurance Limited or its representative all information concerning any illness or injury suffered, medical history, consultants, prescriptions, or treatments including X-ray plates and copies of all hospital or medical records, so that they may be included as a part of the proofs of the claim submitted. A photocopy of this authorisation will be considered as effective and valid as the original.

I authorise the disclosure to ACE Insurance Limited of personal information held by any other person or organisation regarding or affecting this claim and authorise ACE Insurance Limited to release to any other relevant person or organisation information regarding or affecting this claim.

Dated at _____ this _____ day of _____ 2 _____

Signature: _____ Witness Signature: _____

Name: _____ Name: _____

Address: _____ Address: _____

