



# Corporate Travel Insurance

## Claim Form

Please print out for signatures and post original to your broker if applicable or to The AIG Building, PO Box 1745, Shortland Street, Auckland, 1140. If emailing, please submit to [NZCorpTravelclaims@aig.com](mailto:NZCorpTravelclaims@aig.com).

### 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?  YES / NO

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

I Agree:

Date:

Name (please print)

Position:

Settlement will be paid to Traveller unless the Policyholder specifically instructs AIG otherwise

### 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

Name of Authority Loss reported to:

Address

Were articles lost by Carrier? (eg Airline)  YES / NO

Carrier Name

Have You made a claim yet?  YES / NO Claim No

**NOTE:** The Montreal Convention imposes a liability upon the Carrier and you should claim on them first.





**Cancellation / Additional Expenses**

**Cancellation of journey:**

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?

Patients Usual Doctor Name; Address & phone number

Amount of Deposit paid

Date Paid

Were any additional fares incurred as a result of cancellation

Give details

Were any alternative arrangements sought by You or alternative offers made?

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\$   |
|--|-------------|
|  |             |
|  |             |
|  |             |
|  |             |
| <b>TOTAL</b>   | <b>NZ\$</b> |

**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

Place of Loss

Date Notified

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





## 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:

- I. 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](mailto: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

- 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.



AIG Insurance New Zealand Limited

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