



**ace insurance**

ACE Insurance Limited  
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New Zealand

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# Travel Insurance CLAIM FORM

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## INSTRUCTIONS TO CLAIMANT

To assist us to consider your claim as soon as possible, please answer ALL questions in full.

The personal information collected on this Claim Form will be held by ACE Insurance Limited in accordance with the Privacy Consent & Declaration set out at the end of this Claim Form.



# TRAVEL INSURANCE CLAIM

Name of Insured: .....

Policy No:         

Name of Claimant: .....

Residential 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 following your 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. Homeholders 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



# TRAVEL INSURANCE CLAIM

## 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 ..... 20.....

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.



# TRAVEL INSURANCE CLAIM

## SECTION 3. MEDICAL / PERSONAL ACCIDENT AND SICKNESS

Patient's 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.



**TRAVEL INSURANCE CLAIM**

**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: .....  
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**ITEMISE THE EXPENSES INCURRED**

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



# TRAVEL INSURANCE CLAIM

## PRIVACY CONSENT & DECLARATION

### Privacy

ACE Insurance Limited ("ACE") collects, uses and retains your personal information only in accordance with the principles in the *Privacy Act 1993*. A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 (9) 3771459.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- (a) any information provided in relation to your claim;
- (b) any information that is health information or sensitive information;
- (c) any other personal information that you may provide to ACE or its third party contractors;
- (d) any information relating to the insurance policy on your life, including terms and conditions and claims history;
- (e) details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- (f) any other information relating to your income and solvency.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agree that the Parties may disclose your personal information to ACE.

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. ACE may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to ACE's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, ACE may not be able to process or assess your claim.

### 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 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.

I accept that wilful or reckless exaggeration or inflation of the amounts 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 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 of personal information held by any other person or organisation regarding or affecting this claim and authorise ACE to release to any other relevant person or organisation information regarding or affecting this claim.

Dated at ..... this ..... day of ..... 20.....

Signature ..... Witness Signature .....

Name ..... Name .....

Address ..... Address .....