

SECTION 2 CONTINUED

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 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\$
TOTAL	NZ\$

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

- 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.

Section 3 - 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.

Have you lodged a complaint against any other authority or against any individual responsible for the loss or damage to your property? **YES/NO**
If so, give details and **attach copies of correspondence**

Are any of the items covered by other insurance? **YES/NO**
If Yes – which Company?

Were all the missing articles your property? **YES/NO**
If not, who is the owner?

Give a full description of type and size of suitcase or bag in which missing goods were carried

Full details of articles claimed (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

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM

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.

Section 7 - PAYMENT

Option 1: Direct credit to NZ bank account. Please complete bank details and account number below

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Option 2 Overseas Bank Transfer

BANK _____ BRANCH _____ COUNTRY _____

ACCOUNT DETAILS _____

OFFICE USE
Bank a/c checked

AIG NZ no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct
Email: Broker / Payee _____

PAYEE SIGNATURE: _____

PAYEE NAME: _____

Section 8 - Declaration; Authority & Privacy Consent INSURED TRAVELLER MUST SIGN BELOW

I/we print names _____
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 American Home Assurance Company (New Zealand Branch) ('AIG NZ') with assistance in dealing with this matter and understand that failure to co-operate with AIG NZ 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 NZ or its representatives with:

- i. copies of hospital and medical reports/notes;
- ii. copies of employment records and income tax returns; to the extent that they are relevant to the claim and
- iii. information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment).

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 NZ in accordance with the *Privacy Act 1993*:

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 member of the AIG group of companies in New Zealand or overseas, their staff members located outside New Zealand, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act. Further information about this or making a privacy complaint can be obtained by emailing : Privacy.officerNZ@aig.com

NOTE: AIG NZ will only seek information which in its opinion it believes to be relevant to investigation of the claim

I/we consent to AIG NZ's assistance provider, AIG Assist, recording of all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

Signature/s of Insured person/s _____

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