Travel claim form

- WARNING: If you supply any untrue of false information and know that it is not true, the Insurer shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your Claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault without our permission.

Client number if known

Do you know you can send photos and receive claim notifications via the Rothbury App – Download it now!

1 THE INSURED

Name of insured

Policy number

Postal address

Best contact telephone number

Best time to contact

Alternative contact

2 LUGGAGE AND MONEY

Where did the loss or damage occur? Please give full address or details of the location.

When did it happen? Please give date and time.

How did the loss or damage occur? Please give full details.

Have you done anything to reduce or recover the loss or damage? ○ Y ○ N

If **yes**, please give details

Have you claimed against any airline or carrier, etc? ○ Y ○ N

If **yes**, please give details

Do you know of:

(a) any witnesses? ○ Y ○ N

(b) any other person who is responsible for the loss or damage? ○ Y ○ N

If **yes**, please give details

Does this claim involve burglary, theft, unexplained loss or intentional damage? ○ Y ○ N

If **yes**, it must be reported to the police and the following question answered.

Is a Police Complaint Acknowledgement attached? ○ Y ○ N

If **no**, please complete the details below

Reported by

To (Station name)

Complaint reference number

Date

Name of Attending Officer

3 PROPERTY SCHEDULE

- To support ownership and the amounts claimed, please attach receipts, valuations, current quotations, or other documents. If repairs have been paid for, please attach receipts or accounts.
- Willful or reckless exaggeration of any amount claimed will forfeit the claim. If at all possible, keep damaged items available so that we can inspect them if needed.

DESCRIPTION OF ITEM (INCLUDE ANY SERIAL NUMBER)	FROM WHOM OBTAINED (NAME AND ADDRESS)	DATE OBTAINED	CURRENT REPLACEMENT COST	REPAIR COST	OFFICE USE ONLY DEDUCTION FOR AGE, USE OR WEAR & TEAR	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	

Is an additional list of items attached? ○ Y ○ N

Are you the sole owner of all lost or damaged property? ○ Y ○ N

If **no**, please give details

4 MEDICAL COSTS

Name of person treated

Date of birth | Date first treated | Time

Place of treatment

If an accident, please state what happened

If an illness, please state nature of illness

Had you ever been treated for this condition or any related condition before arranging this insurance? ◯ Y ◯ N

If **yes**, do you have a Pre-existing Medical Extension on this policy? ◯ Y ◯ N

How much do you wish to claim?

$

Please attach accounts and original Doctor's Certificates or receipts for any medical treatment received.

Can you claim compensation from any other source? ◯ Y ◯ N

If **yes**, please give details

If this happened in Australia, Britain or Sweden were you treated under the Public Health System? ◯ Y ◯ N

If **no**, please state why not

5 LOSS OF DEPOSIT TRAVEL DELAY

How was your travel affected? Please tick one

◯ Cancelled ◯ Delayed ◯ Interrupted

When did this happen?

Why did it happen?

What costs are you claiming for?

How much do you wish to claim?

Please attach an itemised breakdown of costs from your Travel Agent or Transport Operator.

6 PERSONAL LIABILITY

Please describe how the accident happened

Date of accident | Time

Place accident occurred

Please attach a copy of any correspondence received in connection with the accident.

Who is the other party claiming against you?

Address

How much are they claiming?

Who do you consider is responsible for the accident and why?

7 GENERAL QUESTIONS

Did you contact our Emergency Assistance Service about this claim? ◯ Y ◯ N

Do you have any other insurance which covers this loss or damage? ◯ Y ◯ N

Have you claimed on any other insurance in the past 5 years? ◯ Y ◯ N

If you answered **yes** to any of the above questions, please give full details

NOTE: If there is any information you cannot give us now, please mark the question and give it to us as soon as possible. If there is not enough room on this form, please attach a separate sheet of paper.

Is there a sheet attached? ◯ Y ◯ N

8 DECLARATION

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.
4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
5. All information collected will be held by Rothbury Insurance Brokers, 1 Queen Street, Auckland and/or the Insurer.

Insured's signature: | Full name | Date