



TRAVEL INSURANCE CLAIM FORM FOR BNZ CREDIT CARDS

1 TRAVELLER DETAILS

Please print your details clearly in CAPITAL letters using a pen

Name of Traveller (Mr/Mrs/Ms/Miss)			
Telephone	Home/work ()	Mobile ()	Email
Address		Date of Birth / /	
		Occupation	
Type of Credit Card (Tick all applicable)		Card used to pay for travel (flights, accommodation, tours)	
<input type="checkbox"/> BNZ <input type="checkbox"/> Global Plus <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name on Credit Card		Credit Card Number First 6 & last 4 digits	XX XXXX
Reason for Travel	<input type="checkbox"/> Leisure <input type="checkbox"/> Business <input type="checkbox"/> Other	Card Access Number 9 digit number on card	
Total number of days of travel	From / / To / /	Date the travel was paid to activate cover for your journey	/ /
Journey destination's		Type of ticket held before NZ departure	<input type="checkbox"/> One-way <input type="checkbox"/> Return
Did you contact us prior to your journey to arrange a policy extension for:			
Pre-existing medical conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trip Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mature Age cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Specified Item	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number of policy extension		Name of Policy Owner	

2 CANCELLATION OR CHANGES TO TRAVEL/ADDITIONAL EXPENSES

Please provide all original receipts, tickets relating to expenses, and doctor/hospital certificates relating to injured or ill person for changes to travel plans. Add supplementary pages as needed.

Reason for cancelling or changing your travel			
Date of incident	/ /	Date bookings were cancelled	/ /
Who advised you not to travel?			
Were alternative arrangements sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date and time of actual departure	
Airline & flight number for travel delays		Reason for travel delay	
		Details of arrangement	
If the changes to travel plans were due to medical reason; injury or illness:		Relationship to you	
Name of Person Affecting your Travel		Age	
Address			
Details of injury of illness			
Date of accident or date illness started	/ /	Has the Person ever suffered from this or a similar condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, address, and phone number of Persons usual doctor			

Travel Cancellation Expenses			
	Amount Paid (NZ\$)	Date Paid	Amount Refunded (NZ\$)
Deposit for package holiday			
Balance for package holiday			
Travel Tickets			
Accommodation Costs			
Other Costs (please specify)			
Total	NZ\$		NZ\$

FOR OFFICE USE ONLY	DATE REQUESTED:	DATE SENT:	DATE RECEIVED:
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MEDICAL AND DENTAL EXPENSES

Please provide all original doctors/hospital accounts, hospital discharge letter and/or medical reports, receipts/statements from private health insurer/ACC.

Type of injury or illness	<input type="text"/>			Date of accident or date illness started	<input type="text"/> / <input type="text"/> / <input type="text"/>
Claimant name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to cardholder	<input type="text"/>
Place of incident	<input type="text"/>	Town/City	<input type="text"/>	Country	<input type="text"/>
Please give full details of the accident or illness	<input type="text"/>				
Date of first medical or dental consultation	<input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Doctor/ Dentist and Hospital	<input type="text"/>		
Date of Hospital admission	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Hospital discharge	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Details or other treatment by doctor, Dentist, and/or Hospital	<input type="text"/>				
Did you contact our emergency assistance provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the claimant ever suffered from this or a similar illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the claimant lodged a claim with ACC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of family doctor	<input type="text"/>				

Medical Expenses					
Name of medical provider	Type of medical expense	Date of discharge	Amount (local currency)	Amount (NZD)	Paid in full?
e.g. Dr H Smith, Fairview Hospital	e.g. consultation	e.g. 10/10/2013	e.g. EUR 100	e.g. \$160	e.g. Yes

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RENTAL VEHICLE EXCESS

Date of incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Place of incident	<input type="text"/>	Country	<input type="text"/>
Details of incident	<input type="text"/>				
Detail of damage	<input type="text"/>				
Was the incident reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Police Station	<input type="text"/>	Police Report Number	<input type="text"/>
Name and details of Rental Company	<input type="text"/>				

Rental Vehicle Expenses			
Description	Amount Paid (NZ\$)	Date Paid	Amount Refunded (NZ\$)
Excess paid to rental company			
Towing/Vehicle return costs			
Other costs (please specify)			

LUGGAGE AND PERSONAL EFFECTS

Where were you when the loss, damage, or theft occurred?

Claimant name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Relationship to cardholder	<input type="text"/>
Place of incident	<input type="text"/>	Town/City	<input type="text"/>	Country	<input type="text"/>
Please give full details of the event	<input type="text"/>				
Date of Loss or damage	<input type="text"/> / <input type="text"/> / <input type="text"/>	Authority reported to	<input type="text"/>	Date reported	<input type="text"/> / <input type="text"/> / <input type="text"/>
Were items lost by Carrier (e.g. Airline)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Carrier	<input type="text"/>		
The Montreal Convention imposes a liability on Airlines. Ensure you report your incident immediately to the airline and obtain a Property Irregularity Report (PIR).					
Have you reported loss to the Carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No	PIR or Claim No	<input type="text"/>	Have you lodged a complaint for loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of complaint	<input type="text"/>				
Were items covered by other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	<input type="text"/>		
Did you own all missing items?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who was the owner of the items?	<input type="text"/>		
What actions were taken to recover items?	<input type="text"/>				

Details of lost items and purchase list for baggage delay					
Item Description (Make and Model)	Owners Initials	Date of purchase	Name and address of supplier for claimed items	Original Purchase price NZ\$	Amount Claimed NZ\$

* Please note all items may be subject to depreciation.

PERSONAL LIABILITY

Please provide all details including letters or demands of a claim made on you.

Date of incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	City/Place	<input type="text"/>	Country	<input type="text"/>
Name and details of affected party	<input type="text"/>			Relationship to affected party	<input type="text"/>
Details of incident	<input type="text"/>				
Details of party claiming against you	<input type="text"/>				
Did you admit liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reasons for liability	<input type="text"/>		

7 TO FACILITATE PROMPT ASSESSMENT OF YOUR CLAIM PLEASE ENSURE THAT:

- ☐ The BNZ Travel Claim form has been completed.
- ☐ The Declaration section has been signed.
- ☐ You have provided your bank account details in the Payment Details section.
- ☐ Documents in a foreign language have been translated into English at your expense.
- ☐ You have provided all the specified documents with your claim. Refer to the Documents Required section for a full list of documents. Please note: we reserve the right to request further documents to be submitted that may support your claim.

The claim form and ALL supporting documents may be mailed to us at P.O. Box 24031 Wellington 6142, faxed to (04) 470 9151, or emailed to TravelClaims@Cigna.com. If you have any questions or need help filling in this form, please call us on 0800 660 150, we're available from 8.30am to 5.00pm Monday to Friday.

Payment Details

Claim proceeds will be credited directly into your bank account. Direct crediting enables almost immediate access to funds and removes the risk associated with mailing cheques, clearance delays and mail problems. Please note: we cannot deposit into a credit card account.

Insert bank account details below:

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Bank Account Name:

Declaration

The information supplied is true and correct and I have not withheld any information that is relevant to this claim.

In respect of an Accident or Illness claim, I request and authorise any hospital doctor or other person who had attended or examined me to provide to Cigna Life Insurance NZ Ltd or its representative any and all information concerning any illness or injury suffered, medical history, consultations, prescriptions or treatments and all hospital or medical records that may be included as 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 Cigna Life Insurance NZ Ltd personal information held by any other person or organisation regarding or affecting this claim and authorise Cigna Life Insurance NZ Ltd to release information regarding or affecting this claim to any person or organisation, including other members of the insurance industry, for claims, underwriting or industry purposes.

Signature:

Date: / /

The personal information collected on this Claim Form will be held by Cigna Insurance NZ Ltd and you have certain rights of access to and correction of this information under the Privacy Act 1993

8 Documents required for BNZ Credit Card Travel Claimss

Please note: We may need other documents from you to support your claim.

Documents required for all claims

- ☐ The completed Travel Claim Form including sections for Traveller Details, Payment Details and signed Declaration.
- ☐ Your travel itinerary showing New Zealand departure and return dates.
- ☐ Copies of credit card statements with travel expenses, e.g. flights and accommodation, showing activation of your travel insurance.

Documents required for Cancellation of Travel claims

- ☐ Complete the Cancellation or changes to travel/Additional Expenses section of the Travel Claim Form.
- ☐ Provide evidence for the cause of the change to your travel plans.
- ☐ Provide evidence for costs incurred, e.g. invoices or credit card statements, and any refunds received.
- ☐ If your travel was booked through a travel agent, a letter from the agent detailing amounts paid and refunds received.
- ☐ If cancellation was due to medical reasons please provide completed Medical Attendants statement.
- ☐ If cancellation was due to death please provide a certified copy of the death certificate.

Documents required for Medical claims

- ☐ Complete the Medical and Dental section of the Travel Claim Form.
- ☐ Attach all Hospital and/or Specialist Reports, including Hospital Discharge Summary.
- ☐ Include all Medical Bills and Receipts.
- ☐ Include statements from your private Health Insurer and/or ACC details.

Rental Vehicle Excess claims

- ☐ Complete the Rental Vehicle Excess section of the Travel Claim Form.
- ☐ Attach the Rental Vehicle agreement, and Car Accident report.
- ☐ Include evidence of any additional costs incurred.

Luggage and Personal Effects claims

- ☐ Complete the Luggage and Personal Effects section of the Travel Claim Form.
- ☐ Provide evidence that you reported the loss to the Authorities, e.g. police reports, airline report.
- ☐ Provide evidence of ownership, e.g. photos, receipts.
- ☐ Include evidence of purchase of the items.
- ☐ Include evidence of any compensation received.
- ☐ If damaged, include repairs estimate.

Baggage Delay claims

- ☐ Complete the Luggage and Personal Effects section of the Travel Claim Form.
- ☐ Attach the lost baggage report from the Airline (i.e. PIR).
- ☐ Include evidence of emergency items that you may have purchased.
- ☐ Include evidence of any compensation received from the Airline.

Flight Delay claims

- ☐ Complete the Cancellation or changes to travel/Additional Expenses section of the Travel Claim Form.
- ☐ Attach the delay report from the Airline (showing delay time and reasons), Air Tickets, and Boarding Passes.
- ☐ Include evidence of any additional costs incurred by the delay.

Personal Liability claims

- ☐ Complete the Personal Liability section of the Travel Claim Form.
- ☐ Attach all correspondence with third parties that are making a claim against you.
- ☐ Include reports of police or other authorities, where a report has been made.