



TRAVEL INSURANCE CLAIM FORM

MEDICAL ONLY

1 TRAVELLER DETAILS

Please print your details clearly in CAPITAL letters using a pen

Policy Number Name of Policy Owner

Name of Traveller (Mr/Mrs/Ms/Miss)

Telephone Home/work () Mobile () Email

Address Date of Birth / /

Occupation

Reason for Travel Leisure Business Other

Total number of days of journey From / / To / /

Journey destination's Type of ticket held before NZ departure One-way Return

2 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 Date of accident or date illness started / /

Claimant name Date of Birth / / Relationship to policy owner

Place of incident Town/City Country

Please give full details of the accident or illness

Date of first medical or dental consultation / / Name of Doctor/Dentist and Hospital

Date of Hospital admission / / Date of Hospital discharge / /

Details or other treatment by doctor, Dentist, and/or Hospital

Did you contact our emergency assistance provider Yes No Has the claimant ever suffered from this or a similar illness or injury Yes No Has the claimant lodged a claim with ACC? Yes No

Name and address of family doctor

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

3 ADDITIONAL ACCOMMODATION AND TRAVEL EXPENSES

Please provide all original receipts, tickets relating to additional accommodation and travel expenses. Add supplementary pages as needed.

Please list all additional accommodation and travel expenses incurred due to the overseas medical event

Additional Expenses			
Expense Type	Amount Paid (NZ\$)	Date Paid	Amount Refunded (NZ\$)
	NZ\$		NZ\$

4 PERSONAL LIABILITY

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

Date of incident / Place of incident Country

Name and details of affected party Relationship to affected party

Details of incident

Details of party claiming against you

Did you admit liability? Yes No Reasons for liability

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

- The 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

6 Documents required for Travel Claims

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.

Medical and Dental 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.

Additional accommodation and travel expenses

- Complete the Additional accommodation and travel expenses section of the Travel Claim Form.
- Provide evidence for costs incurred, e.g. invoices or credit card statements, and any refunds received.

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.