

Section 1 - Your Personal Details

Name: _____ Date Of Birth: _____

Policy No. _____

Email Address: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Tel No. _____ Mobile No. _____

Travel Dates: _____ to _____ Date Of Incident: _____

Location Of Incident: _____

If your claim is approved and where a cash settlement applies, we will deposit your settlement directly into your nominated bank account.

Bank/Branch _____ Account Number _____ Suffix _____

Name of Bank _____ Name of Account _____

Section 2 - How Did You Pay For Your Trip?

Did You Use A Credit Card To Purchase Any Of Your Original Travel Arrangements Prior To Departure? Yes No

If Yes, What Level Is The Credit Card? Gold Platinum Diamond Other _____

Complete Name On The Credit Card: _____

Name Of The Financial Institute: _____

Total amount spent on the credit card for the travel expenses: NZD (\$)

E.g. Flights, accommodation and tours

If you answered Yes to purchasing your travel arrangements on your credit card, you will need to supply:

- The front page of your credit card statement which shows the cardholder's name as well as the last 8 digits of your credit card number
- The page of your credit card statement which shows the purchase of your travel arrangements.
(Non-relevant transactions may be blanked out)

Claim Declaration

I declare that the above information provided by me is true and correct to the best of my knowledge. I understand that my personal information will be managed in accordance with the travel insurers' Privacy Policy to assess my claim and pursue any recovery

Name: _____

Date: _____

Section 3 – What Are You Claiming For?

A) Medical

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary.
- ✓ Receipts and proof of payment for the medical expenses you have incurred.
- ✓ A medical report from your treating medical officer in the country where you incurred the expense. This will need to include your diagnosis, treatment plan and any fit to travel notations.
- ✓ Your discharge summary if you were hospitalised.

Your Medical Summary

Please Describe The Nature Of Your Injury/Illness: _____

Have You Ever Suffered From The Same Medical Condition Before? Yes No

Did You Contact Our Emergency Assistance Team? Yes No

Name Of Overseas Doctor: _____ Name Of Medical Practice: _____

Hospital Attended: _____

Dates In Hospital - Admitted: _____

Discharged: _____

Travel Claims Form



Was someone else at fault or liable for the incident under 'Medical & Hospital Expenses'? Yes No

Name of third party: _____ Address of third party: _____

Phone number of third party: _____ Email of third party: _____

Police or event number: _____ Vehicle registration number: _____

Insurance details of third party: _____

Medical Expenses

Name Of Patient	Name Of Hospital/ Practice	Date Of Expense	Currency	Amount
				_____ . _____
				_____ . _____
				_____ . _____
				_____ . _____

B) Cancellations Charges/Loss Of Deposit Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice/statement of accounts showing the total cost of your travel arrangements.
- ✓ Your proof of payment for your travel arrangements.
- ✓ The refund advice from individual travel providers relating to your trip.
- ✓ Proof supporting the reason for cancellation.

Your Claim Summary

When Did You Book Your Trip? _____

How Did You Book It? (Travel Agent, Online, Group Booking) _____

Intended Departure Date: _____

Date Of Cancellation: _____

Why Was Your Trip Cancelled:

Cancellation Or Lost Deposit Expenses

Date Purchased	Description	Amount Paid	Any Refund Recieved	Amount Claimed
				____.____ NZD

C) Additional Expenses Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Original and amended flight itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice showing the total cost of your travel and/or accommodation arrangements.
- ✓ Receipts/proof of payment for the additional expenses claimed.
- ✓ Refund advice for your original arrangements that were unused due to your delay.

Expense Claim Summary

Details Of The Incident: _____

Unexpected Expenses Summary

Date Of Expense	Description	Currency	Amount
			_____.
			_____.
			_____.
			_____.

D) Luggage and Personal Effects Claim

- ✓ Your original itinerary.
- ✓ Proof of Ownership for the items that were lost, stolen or damaged (e.g. Receipts/Bank Statements).
- ✓ Proof of Loss (i.e. Police report, report to hotel, airline etc.).
- ✓ If the item is damaged, a repair quote from a reputable provider.

Luggage & Personal Effects Summary

How Did The Loss, Damage Or Theft Occur? _____

Date Loss/Damaged Occured: _____ Date Reported: _____

Do You Hold Any Other Insurance Cover For The Item/s Listed (eg. contents insurance)? Yes No

Details Of This Insurance: _____

Travel Claims Form



The Event Was Reported To? (Police, Airline or another Authority): _____

Was the travel provider at fault or liable for the loss of your luggage or value items? Yes No

Name of the travel provider: _____ Reference number: _____

Have you been compensated by the travel provider for these costs? Yes No

Amount compensated for: _____

Luggage & Personal Effects Expenses

Description	Original Date Of Purchase	Date Of Loss	Amount Claimed
			\$ _____ . _____
			\$ _____ . _____
			\$ _____ . _____
			\$ _____ . _____

Section 4 – Other Claimable Events

This section relates to an event not included in section 3 of this form.

Please Provide A Brief Description Of The Circumstances Relating To This Claim:

Where Appropriate Please Attach Any Additional Documentation To Support Your Claim.

Date Of Expense	Description	Currency	Amount
			_____.
			_____.
			_____.
			_____.

How To Send The Claims Form To Us.

Please return the completed claim form with the necessary supporting documentation to us by email:
claims@1Cover.co.nz

Alternatively, if you are posting any original documents please make sure you register the parcel and have backup copies.

1Cover Claims
PO BOX 6798
Baulkham Hills NSW 2153
Australia