

## DOCUMENTS REQUIRED FOR ALL CLAIMS:

For all claims, please complete this travel claim form parts 1 and 7 and any other parts relevant to your claim



### Declaration

The information supplied by me on this form is true and correct and I have not withheld any information that is relevant to this claim. I understand that if I am not truthful or I exaggerate my claim or fail to disclose relevant information, then Cigna may decline my claim and/or cancel my policy.

I authorise the disclosure to Cigna of personal information held by any other person or organisation regarding or affecting this claim and authorise Cigna 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.

In respect of an accident or illness claim, I request and authorise any hospital, doctor or other person who attended or examined me to provide to Cigna 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.

Signature: .....

Date:

## PART 1



### TRAVELLER DETAILS

Please complete this part for ALL claims.

Policy number

#### NAME ALL INSURED TRAVELLERS

First name	Last name	Date of Birth

Phone numbers: Home/Work  Mobile

Email

Home Address

Reason for Travel Leisure Business Other (please explain)

Travel Dates From  To

Journey destinations

Do you have any other insurance for this trip? Yes No Please name the insurance provider and policy number

# PART 2



## TRAVEL CANCELLATION, ALTERATION OR DELAY

If your claim is due to cancellation, alteration or delay of your travel please complete this part.

Tell us what happened

What is your claim for?

Cancelled Trip

Altered Trip

Travel delay



Please help us understand your **TIMELINE** of events below:

Date of Incident

Where did this happen?   
*(City & Country)*

Date of accident, or date symptoms started   
*(If medical)*

Date you were made aware of the condition   
*(If medical)*

Date you changed your travel

Date and Time of original scheduled departure

Date and Time of actual departure

Who advised you to change your travel?



If the claim was caused by a **MEDICAL** incident, please answer these questions:

Name of person affecting travel

What is their relationship to you?   
*(e.g. self, mother, son)*

Where do they live?

What is the name and address of their NZ GP?

What was the injury or illness?

If this person has suffered from this before, please tell us what happened AND when

### What costs are you claiming for?

	Amount paid (NZD)	Date paid	Refunds received (NZD)
Flight costs			
Accommodation costs			
Tour costs			
<b>Total</b>			

### DOCUMENTS REQUIRED FOR TRAVEL CANCELLATION, ALTERATION OR DELAY CLAIMS:

- Evidence of the event that caused your travel changes (e.g. letter from airline or travel agent)
- Evidence of costs incurred (e.g. invoices and card statements)
- Evidence of refunds received for all unused travel bookings
- If you altered your travel, evidence of both original and new travel bookings
- If a doctor in New Zealand advised you to cancel or alter your trip: please get them to complete our 'Medical Attendants Statement' form
- If you also incurred medical expenses, please complete Part 3 of this claim form
- If your claim is due to a death, please provide a Death Certificate



Additional notes \_\_\_\_\_

# PART 3



## OVERSEAS MEDICAL & DENTAL EXPENSES

If you had an injury, illness or emergency dental treatment overseas, please complete this part.

Tell us what happened

Who suffered the injury/illness?

Where were they when this happened? (City & Country)

What treatment did they receive?

Emergency Assistance case number (If relevant)



Please help us understand the **TIMELINE** of events below

Date of accident, or date symptoms started

Have they had this or something similar happen before?

Yes

No

Date of first consultation

Please tell us more about this history

Date of hospital admission

Date of hospital discharge

What is the name and address of their NZ GP?

ACC claim number for this illness/injury (If relevant)

Does this person have health insurance?

Yes

No

If yes, please specify the insurance provider

### Medical & Dental Expenses List:

Name of medical provider	Type of medical expense	Date Paid	Cost (local currency)	Amount (NZD)	Payment method (e.g. cash, credit)

### DOCUMENTS REQUIRED FOR MEDICAL AND DENTAL CLAIMS:

- Evidence of diagnosis and treatment received
- All Doctors' and/or Hospital reports, including Hospital Discharge Summary
- Evidence of costs incurred (e.g. invoices and card statements)
- If you also had to alter your travel, please complete Part 2 of this claim form



Additional notes \_\_\_\_\_

# PART 4



## LUGGAGE, PERSONAL ITEMS & CASH

If your personal items were lost, stolen, damaged or delayed during your journey, please complete this part.

Tell us what happened

When did this happen?

Where did this happen? (City & Country)

If your luggage was delayed, when was it returned to you?

Report reference number (e.g. police report or PIR)

If you did not report your loss/theft, please explain why

If you do not have a repair report for your damaged item, please explain why

Did you claim from your Contents insurer?

Yes

No

Please provide your Contents insurer name & policy number

### Lost/Stolen/Damaged Items List:

Item Description (e.g. make & model)	Who owned the item?	Date of Purchase (or age of item)	Name of the original supplier of the item	Original purchase price & currency

**Please note: Items may be subject to depreciation**

### DOCUMENTS REQUIRED FOR LUGGAGE, PERSONAL ITEMS & CASH CLAIMS:

- Evidence that you reported your loss to the appropriate authorities (e.g. police report, airline PIR report)
- Evidence of ownership of lost/stolen items (e.g. original receipts, photos)
- Evidence of any compensation or refunds received from a 3rd party
- For luggage delay: Receipts & invoices for emergency replacement items
- For damaged items: Repair report confirming whether an item is repairable, and the cost of repair
- For lost/stolen jewellery items: A current indemnity valuation completed by a manufacturing jeweller
- For lost/stolen cash: Evidence of ownership (e.g. cash withdrawal receipt)



Additional notes \_\_\_\_\_

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## PART 5



### RENTAL VEHICLE EXCESS COVER

If you had to pay an excess or deductible due to your rental vehicle being damaged or stolen, please complete this part.

Tell us what happened

Date of incident

Location of incident (City & Country)

Did your rental agreement include an excess/deductible?

Yes

No

What is the excess/deductible on your rental agreement?  
(Please include currency)

Total paid to rental company for damage/theft  
(Please include currency)

Refund from rental company  
(Please include currency)

#### DOCUMENTS REQUIRED FOR RENTAL VEHICLE EXCESS CLAIMS:

- Rental vehicle agreement
- Vehicle accident or theft report
- Evidence of costs incurred (e.g. invoices and card statements)



## PART 6



### PERSONAL LIABILITY

If during your journey you become legally liable to pay damages and compensation for bodily injury or loss of/damage to property, please complete this part.

Tell us what happened

Date of incident

Location of incident (City & Country)

Who is claiming liability against you?

What are their contact details?  
(Postal or email address, phone number etc)

What is your relationship to them?

Did you admit liability?

Yes

No

Please explain the reason for this

What is the cost of the liability?  
(Please include the currency used)

#### DOCUMENTS REQUIRED FOR PERSONAL LIABILITY CLAIMS:

- Copies of all correspondence with third parties that are claiming against you
- Copies of reports from the police or other authorities, if a report was made





Please complete this part for ALL claims.

**To ensure prompt assessment of your claim, please ensure that:**

- The claim form Declaration has been signed (see page 1)
- Documents have been translated into English at your own expense
- You have provided all the required documents specified in each part of the claim form you completed. (Please Note: We reserve the right to request further documents as required to support your claim.)

**The claim form and ALL supporting documents may be sent to us by any of the following methods:**

**Post:** Cigna Travel Claims, P.O. BOX 24031, Manners Street, Wellington, 6142

**Fax:** (04) 470 9151

**Email:** Travelclaimresponses.NZ@Cigna.com

If you have any questions or need help filling in this form, please call us on **0800 660 150** or email **travelclaims@cigna.com**. We are available from 8:30am to 5:00 pm Monday to Friday, and will be happy to help.

**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 your nominated bank account number below:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of account holder

