



# TRAVEL INSURANCE CLAIM FORM FOR RETAIL POLICIES

## IMPORTANT - BEFORE YOU START:

- 1 For all claims please complete **Sections 1 & 9** and any other section(s) relevant to your claim.
- 2 Please print your details clearly in **CAPITAL** letters using a pen.
- 3 Please go through the checklist in **Section 10** to ensure you've provided all the documents we need. This will help us to assess your claim as quickly as possible.

### 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.

Signature: .....

Date:     /     /

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.

## SECTION 1: TRAVELLER DETAILS

Please complete this section for ALL claims.

Policy number  Name of policy owner

Name(s) of traveller(s)	Date(s) of birth	Occupation(s)
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Phone numbers: Home/Work ( ) Mobile ( )

Email

Home address

Reason for travel  Leisure  Business  Other

Total number of days of travel  From / / To / /

Journey destinations  Type of ticket held before NZ departure  One way  Return

### Other Insurance Information (Please note that some credit cards may provide travel insurance cover):

Have you purchased other insurance for any part of your journey?  Yes  No If yes, please specify the insurance provider

Please specify if you hold any Gold or Platinum credit cards?  Gold  Platinum

Name on credit card

Name of issuer

Card type:  Mastercard  Visa  Amex  Other (please specify)

Did you use this credit card to pay for any travel expenses?  Yes  No

## SECTION 2:

## CANCELLATION OR ALTERATION OF TRAVEL

If your claim is due to cancellation or alteration of travel due to an event in NZ or overseas, please complete this section.

Reason for cancelling or altering the travel

Date of incident

Date bookings were cancelled/altered

Who advised you not to travel?

For alterations, what was/is the date and time of the actual departure?

If the travel plans were changed due to medical reasons, please complete this box

Name of person affecting the travel

What is their relationship to you?

Where do they live?

Please provide details of the injury or illness

Date of accident, or date illness started

Has this person ever suffered from this or a similar condition before?

Yes

No

If yes, please explain

(If you also incurred overseas medical expenses, please complete Section 4.)

### Cancellation/Alteration of Travel Expenses List:

	Amount paid (NZ\$)	Date paid	Amount refunded (NZ\$)
Transportation costs			
Accommodation costs			
Tour costs			
Other costs			
Other costs			
Other costs			
Other costs			
<b>Total</b>			

Additional notes

## SECTION 3:

## TRAVEL DELAY

If your scheduled transport was delayed during your journey, please complete this section.

Cause of the delay

Where did this occur? (city & country)

Date & time of original scheduled departure

Date & time of actual departure

Total length of delay

### Travel Delay Expenses List:

	Amount paid (NZ\$)	Date paid
Additional accommodation		
Additional travel		
Missed pre-paid arrangements		
Other		
<b>Total</b>		

## SECTION 4:

## OVERSEAS MEDICAL & DENTAL EXPENSES

If you suffered an injury or illness overseas or required emergency dental treatment during the journey, please complete this section.

Who suffered the injury/illness?  Date of birth  /  /

Relationship to policy owner  Date of accident, or date illness started  /  /

Where were they when they required medical treatment? (city & country)

Details of the injury/illness

Date of first medical or dental consultation  /  /  Name of treating doctor/dentist

Name of clinic/hospital  Date of hospital admission (if relevant)  /  /  Date of hospital discharge (if relevant)  /  /

What treatment was received?

Was our emergency assistance provider contacted?  Yes  No

Has this person ever suffered from this or a similar illness/injury before?  Yes  No

Please provide details

What is the name and address of their family doctor?

Has this person lodged a claim with ACC for this incident?  Yes  No 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	Amount (local \$)	Amount (NZ\$)	Paid in full?

Additional notes

(If you also had to alter your travel, please ensure you have completed Section 2.)

## SECTION 5:

## LOSS OR THEFT OF CASH

If your cash was lost or stolen during your journey, please complete this section.

Please give full details of the loss/theft

Date of loss/theft  /  /  Amount lost/stolen local \$  NZ\$

Where did the loss/theft occur? (city & country)  Was the loss or theft reported?  Yes  No

If yes, who did you report the loss or theft to?  Date reported  /  /

If no, please explain the reason

## SECTION 6:

## LUGGAGE & PERSONAL EFFECTS

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

Please give full details of the loss/damage

Who owned the items?

Relationship to policy owner

Date of loss/damage

 /  / 

Where did the loss/damage occur?  
(city & country)

Was the loss or theft reported?

(Do not complete for damaged items)

Yes  No

If yes, who did you report the loss or theft to?

Date reported

 /  / 

If no, please explain the reason

For damage, have you obtained a repair report?

Yes  No

If yes, please provide a copy of this.  
If no, please explain the reason

Does the owner of the item(s) have contents insurance?

Yes  No

If yes, please advise the insurance provider

### If your items were lost or damaged by a carrier/airline, please also complete this box

Name of carrier/airline

Did you report the loss/damage to the carrier/airline?

Yes  No

Date reported

 /  / 

Did you obtain a Property Irregularity Report (PIR) or claim number?

Yes  No

PIR number or claim number

If you did not report the loss/damage to the carrier/airline, please explain why

Have you lodged a complaint with the carrier/airline for the loss/damage?

Yes  No

Details of complaint

### Lost/Stolen/Damaged Items List:

Item description (e.g. make & model)	Owner's initials	Date of purchase (or age of item)	Name of the original supplier of the item	Original purchase price (NZ\$)	Amount claimed (NZ\$)

Please note: Items may be subject to depreciation

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

\_\_\_\_\_

## SECTION 7:

## 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 section.

Please provide full details of the incident

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)

## SECTION 8:

## RENTAL VEHICLE COLLISION DAMAGE & THEFT EXCESS COVER

If you had to pay an excess or deductible due to damage to or theft of a vehicle you rented overseas, please complete this section.

Please give full details of the incident

Date of incident

 /  / 

Location of incident (city & country)

For damage, please describe the damage to the vehicle

Was the incident reported to the Police?

Yes

No

If yes, please provide a copy of the police report or reference number

If no, please explain the reason you did not report the incident

What is the name of the rental company?

What are their contact details?

(Postal or email address, phone number etc.)

## Rental Vehicle Excess List:

	Amount paid (NZ\$)	Date paid	Amount refunded (NZ\$)
Excess paid to rental company			
Towing/Vehicle return costs			
Other costs			

**SECTION 9:**

**PAYMENT DETAILS & CLAIM INFORMATION**  
Please complete this section for ALL claims.

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

- This Travel Claim form has been fully completed
- The Declaration has been signed on page 1
- You have provided your bank account details (below)
- Documents have been translated into English at your own expense
- You have provided all the specified documents with your claim. Refer to the Documents Required Checklist in Section 10 for a full list of documents. 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:** travelclaims@cigna.com  
Please ensure you receive an automated email response to confirm receipt.

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

Please note all phone calls, to and from Cigna Travel Claims, are recorded.

“Cigna” is the trading name for Cigna Life Insurance New Zealand Limited.

**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 that 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"/>	<input type="text"/>
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Bank account name

Please note: We reserve the right to request further documents as required 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.

#### 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.

#### Documents required for Loss or Theft of Cash claims

- Complete the Loss or Theft of Cash section of the Travel Claim form.
- Provide evidence of the amount of cash lost/stolen and a copy of the police report.

#### 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.