

# Studentsafe claim form

Claim/Policy No:

## IMPORTANT: Please read this before you start

- You must complete **ALL** steps outlined on this form, including the Declaration Section M.
- If you have another insurer (for home, contents or travel) you must give us the insurance details.
- Refer to the Claims Checklist below and the section under which you are claiming. This will give you details of the documentation that you need to provide to support your claim. As each claim is unique, further information may be requested by us.
- We need all of the specified documentation in the Claims Checklist to process your claim. Your claim will not be processed until all information has been received.



**Do not send copies of your credit card statement.** If you are required to provide a credit card statement for your claim, you must remove the credit and account numbers from the document and the documents must be posted to us.



## ☑ Claims Checklist – what do you need to provide?

For all claims the following documents must be submitted along with this completed claim form (✓ mark as provided)

☐ Tax invoices and/or receipts for items you are claiming.

☐ Signed declaration form (Section M).

## Section A: All claims

### Step 1: Student/Claimant's details

Title (Dr/Mr/Mrs/Miss/Ms):	Given Name/s:	Family Name (Surname):
Student ID number:	Date of Birth: / /	
Name of University / Polytechnic / School:	Course Type: <input type="checkbox"/> Returning <input type="checkbox"/> 12 month <input type="checkbox"/> Part Year/Short Course	
Current Course Start Date: / /	Current Course End Date: / /	Visa Expiry Date: / /
Postal address Street number and name:		
Suburb:	Town/City:	Postcode:
Home Phone:	Mobile:	
Email Address:		
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email We may provide updates via SMS when a mobile phone number has been provided		

### Person Making the Claim (if different from 1 above - eg. insured family member)

Please ensure that you complete the student details section of the family member who is currently studying at a University or Technical Institute.

Name:	Date of Birth: / /
Address:	
Email address:	
Telephone number business hours:	Occupation:

### Step 2: Details of your other insurance

a) Have you lodged, or do you intend to lodge a claim for this incident elsewhere? ☐ Yes ☐ No

b) Have you received compensation from any other party in relation to this event? ☐ Yes ☐ No

If yes, please provide full details:

c) Some credit cards provide basic travel cover – please advise if you have credit cards ☐ Yes ☐ No

Did you purchase your travel on your credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please complete the following:	
Name on Credit Card:	Name of Financial Institution:
Card Type:	
d) Does your claim relate to an accident that occurred overseas, and you originally intended to be away from New Zealand for 6 months or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Step 3: Details of travel arrangements for this journey (if claim is related to travel expenses)

Please remember to attach travel itinerary and tax invoice from your travel agent.

Date of booking travel arrangements:        /        /	Date your journey was cancelled (if applicable):        /        /
Date of planned departure:        /        /	Date of planned return:        /        /
Date of rescheduled departure (if applicable):        /        /	Date of rescheduled return (if applicable):        /        /

### Step 4: Details of event giving rise to your claim

Date of incident:        /        /	Time of Incident: <input type="checkbox"/> am <input type="checkbox"/> pm
Country and location:	Reported to:
a) Description of event giving rise to this claim:	
b) If your claim is due to another person's state of health, please provide details below for this person:	
Given Name/s:	Surname:
Date of Birth:        /        /	Relationship to you:
c) Was there a third party responsible for causing or contributing to the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the third party's name, contact information and their insurance company's name and policy number:	
d) Were there any witnesses to the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name and contact details:	
e) Have you commenced or are you seeking to commence any legal actions against third parties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name and contact details of your solicitor:	

### Step 5: Authorisation

If you wish to give authority for another person to act on your behalf in respect of this claim you must complete the following details. Please note that authority can only be given to any person/s who are not listed on your Certificate of Insurance.

I/We authorise (Mr/Mrs/Miss/Ms):		
Of address (including postcode):		
Telephone:	Mobile:	Relationship to you:
To act on our behalf in respect to this claim and give or be provided with information relating to the claim. I/We acknowledge that we may still be required to liaise directly with the insurer.		

### Step 6: Previous claims history

Have you made any previous travel insurance or home and contents insurance claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please complete the following information detailing your claims history for the past 5 years. (If there is not enough room in the space provided, you may continue on a separate piece of paper)

Date of Claim	Name of Insurer	Claim Number	Details of Claim	Amount Claimed	Amount Paid
Example – 15/12/2013	Other insurer	5532651	Lost Iphone 6	\$900	\$800

### Step 7: How to contact us

**Phone:** 0800 486 004 or +64 9 488 4638  
**Fax:** (09) 489 8167  
**Email claims and supporting documentation to:** claims@insurancesafen.nz.co.nz  
**Post:** P O Box 112316, Penrose, Auckland 1642

## Section B: Medical Expenses

### ☒ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

- ☐ Medical/hospital reports from the doctor/s who provided medical treatment.
- ☐ If the claim is due to a dental condition, written confirmation from the treating dentist that the treatment was not caused by or related to the deterioration and/or decay of teeth or associated tissue.
- ☐ For Optical claims – you must supply the receipt for the item and if the claim is for a change of vision a supporting letter from your optometrist must be supplied.

Are you applying for pre-approval of treatment ☐ Yes ☐ No

Name of Doctor/Dentist/Pharmacy/ Hospital or other medical provider	Treatment performed	Date of treatment	Amount charged (Currency)	Paid: Yes/No
Example – Doctor R Smith	Consultation	30/11/15	500 EUR	Yes

\* Claim amounts will be converted to New Zealand dollars using the currency rate applicable at the date the expenses were incurred.

Have you ever suffered from the same or a similar injury/sickness in the past? ☐ Yes ☐ No

If yes please provide details of the condition, treatment and consultation dates:

Did the event for which you are claiming include hospital admission? ☐ Yes ☐ No

If yes please provide: Admission Date:    /    /    ☐ am ☐ pm    Discharge date:    /    /    ☐ am ☐ pm

**Please also provide a Discharge Summary from the hospital where you were admitted as a patient**

### Optical Claim

Date of event:    /    /    Nature of claim: ☐ Lost ☐ Stolen ☐ Damaged ☐ Change of vision

Full details of claim:

## Section C: Cancellation Expenses/Loss of Deposits Claim

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

<input type="checkbox"/>	Tax Invoice for your travel arrangements.
<input type="checkbox"/>	Original Travel Itinerary detailing costs (e.g. transport, accommodation, tours etc.), plus amended itinerary if applicable.
<b>Please note:</b> your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent, simply contact the individual travel providers.	
<input type="checkbox"/>	Written documentation outlining the cause of your cancellation.
<input type="checkbox"/>	Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) that the travel arrangements were cancelled and cannot be used in the future (e.g. via credit, transfer or refund).
<input type="checkbox"/>	Terms and conditions detailing refund entitlements from the travel provider (e.g. airline, cruise, travel agent, online booking etc.). Your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent simply contact the individual providers you booked through.
<b>If your claim is due to a Medical Condition:</b>	
<input type="checkbox"/>	Medical information required; please provide medical / hospital reports from the doctor/s who provided treatment.

Date	Description of booking	Supplier	Amount paid	Refund received	Amount claimed
Example – 1/11/15	Return Flights Perth to Bali	Qantas	100 AUD	70 AUD	30 AUD

## Section D: Unexpected Cancellation – Additional Expenses

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

<input type="checkbox"/>	Tax Invoice for your travel arrangements.
<input type="checkbox"/>	Original Travel Itinerary detailing costs (e.g. transport, accommodation, tours etc.), plus amended itinerary if applicable.
<b>Please note:</b> your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent, simply contact the individual travel providers.	
<input type="checkbox"/>	Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) confirming the cause of cancellation or delay.
<input type="checkbox"/>	If additional expenses have been incurred for any other reason please provide official documentation which outlines the cause of the delay.
<b>If your original arrangements have been cancelled or unused for the same period of time we require:</b>	
<input type="checkbox"/>	Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) that the original travel arrangements were cancelled and cannot be used in the future (e.g. via credit, transfer or refund).
<input type="checkbox"/>	Terms and conditions detailing refund entitlements from the travel provider (e.g. airline, cruise, travel agent, online booking etc.).
<b>If your claim is due to a Medical Condition:</b>	
<input type="checkbox"/>	Medical Documentation required: Please have your usual treating doctor complete our Medical Certificate (in a form which we provide), and return with your claim documentation.

Please list each receipt/invoice separately in the table below, including a description and the cost of the original expense you incurred on the same date. If you did not have any other arrangements booked on the same date please specify accordingly.

Date of expense	Description of expense	Amount	Date of original expense	Description of original expense	Amount
Example – 1/11/15	Hotel in Paris	100 EUR	30/11/15	Hotel in London	80 GBP

## Section E: Travel Delay Claim

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

☐ Tax Invoice for your travel arrangements.

☐ Original Travel Itinerary detailing costs (e.g. transport, accommodation, tours etc.), plus amended itinerary if applicable.

**Please note:** your travel agent can assist you in gathering this information from individual providers. If you did not book through a travel agent, simply contact the individual travel providers.

☐ Written confirmation from the travel provider (e.g. airline, cruise, travel agent, online booking etc.) confirming the cause of Cancellation or Delay.

If you have not yet lodged a claim through a carrier, airline, or other authority or individual for the loss or damage to your property please do so.

**Please note:** The 1999 Montreal Convention imposes liability upon airlines for lost, damaged, or delayed luggage and you should claim from them first. If you have finalised a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received.

Booked travel date:        /        /        ☐ am   ☐ pm

Date travelled:        /        /        ☐ am   ☐ pm

Please list each receipt/invoice separately in the table below, including a description and cost of the original expense you incurred on the same date. If you did not have any other arrangements booked on the same date please specify accordingly.

Date of original expense	Description of original expense	Amount	Date additional expense incurred	Description of additional expense	Amount
Example – 30/11/15	Hotel in Paris	100 EUR	30/11/15	Hotel in London	80 GBP

## Section F: Personal Belongings, Money and Travel Documents

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

☐ Loss report from the police or other official body (e.g. Airline, Tour Operator, Hotel etc).

☐ Proof of purchase of items claimed.

If you have not yet lodged a claim with a carrier, airline, or other authority or individual for the loss or damage to your property, please do so.

**Please note:** The 1999 Montreal Convention imposes liability upon airlines for lost, damaged, or delayed luggage and you should claim from them first. If you have completed a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received.

**If the item/s claimed are damaged:**

☐ Assessment report confirming whether the item is repairable. If repairable this report should detail repair cost.

Please provide full details of how the loss, damage or theft occurred:

Date:        /        /        Time:        ☐ am   ☐ pm        Location:

Were all the missing/damaged articles owned by you? ☐ Yes ☐ No

If not, please give details of ownership:

Full details of articles claimed	Store where the item was originally purchased	Original date of purchase	Original purchase price	Amount claimed	Proof of purchase attached?
Example – Billabong Board Shorts	City Beach Westfield Carindale Brisbane	13/12/13	\$50 AUD	\$50 AUD	Yes

## Section G: Personal Belongings – Delay Expenses

### ☒ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.

Please note, your claim will not be processed until all information has been received.

☐ Written confirmation from the travel provider (e.g. airline, cruise line, train/bus etc.) confirming the luggage delay.

If you have not yet lodged a claim through a carrier, airline, or other authority or individual for the loss or damage to your property please do so.

**Please note:** The 1999 Montreal Convention imposes liability upon airlines for lost, damaged, or delayed luggage and you should claim from them first. If you have finalised a claim against an airline please provide the details of the claim numbers, compensation amounts and attach copies of any correspondence received.

Name of carrier that delayed your luggage:

Date your luggage was delayed:        /        /        ☐ am   ☐ pm      Date your luggage was returned:        /        /        ☐ am   ☐ pm

What compensation was received from the carrier?

Description of essential items purchased	Date of purchase	Price paid	Store where the item was purchased	Receipt attached
Example – T-shirt	30/11/15	10 EUR	Target Italy	Yes

## Section H: Rental Vehicle Excess Claim

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

<input type="checkbox"/> Police or accident report from relevant authority.
<input type="checkbox"/> Rental vehicle agreement (showing your rental vehicle excess).
<input type="checkbox"/> Itemised final quote/repair invoice for the damages.
<b>Please note:</b> it is essential that you provide the repair quote for your rental vehicle as the rental vehicle company will refund you the difference between the repair and your excess.

Excess you were liable to pay	Repair cost	Compensation you have received	Amount you are claiming
Example – 5000 EUR	1500 EUR	3500 EUR	1500 EUR

Was the damage due to collision with another vehicle? ☐ Yes ☐ No

If yes, please complete the following table:

Name and contact details of third party	Address of third party	Registration number of third party	Name of third party insurer	Address of third party insurer
Example – John Smith, 040 000 000	74 High Street Toowong QLD 4152	123 ABC	Other insurer	123 Smith Street Brisbane 4122

## Section I: Personal Liability

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please provide the following documents.  
Please note, your claim will not be processed until all information has been received.

<input type="checkbox"/> Evidence of personal legal liability which may include; letter of demand, court summons, evidence of loss/damage/liability.
<input type="checkbox"/> Any further documentation which supports your claim.

## Section J: Funeral Expenses

### ✓ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

<input type="checkbox"/> A copy of the Death Certificate.
<input type="checkbox"/> Coroner's report, if cause of death on the Death Certificate is subject to Coroner's findings.
<input type="checkbox"/> Details of executor of the estate.
<input type="checkbox"/> Proof of payment for funeral expenses incurred (e.g. receipts).
<input type="checkbox"/> Any other substantiating documentation for your claim.
<b>Please note:</b> Depending on the circumstances of the claim, further documentation may be required.

Date of expense	Description of expense	Amount (incl. currency)
Example – 30/11/15	Funeral Expenses	100 EUR

## Section K: Personal Injury and Accidental Death

### ☒ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach the following documents.  
Please note, your claim will not be processed until all information has been received.

#### Personal Injury Claim

☐ Medical report completed by the treating medical officer.

☐ Any other substantiating documentation for your claim.

#### Accidental Death Claim

☐ A copy of the Death Certificate.

☐ Coroner's Report – if cause of death on the Death Certificate is subject to Coroner's findings.

**Please note:** Depending on the circumstances of the claim, further documentation may be required.

#### Personal Injury Claim

Date of Injury:        /        /

Please provide full details of injury:

## Section L: Other Event

### ☒ Claims Checklist

In addition to the documents supplied in Section A, please complete the following section and attach any supporting documents.  
Please note, your claim will not be processed until all information has been received.

Please tell us in as much detail as possible what happened to you in order for you to make this claim. Be as specific as possible, including dates and amounts paid. If there is not enough room in the space provided, you may continue your description of the events on a separate piece of paper.

Which benefit sections(s) of the Policy Wording do you believe to be the most applicable for this claim?



## Section M: Declaration

### I DECLARE THAT:

- I have provided all information that is relevant in any way to this claim and the information provided is correct and complete to the best of my knowledge;
- I understand that the claim may be declined if the information supplied is untrue; and
- A copy of this declaration shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Partners to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations and declarations set out in this form; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Partners in its absolute discretion considers relevant for its assessment of initial or ongoing benefits of my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my insurance claims' history; and
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit, including but not limited to financial institutions.

**FRAUD** If any claim is in any respect fraudulent, or if any false declaration is made or false or incorrect information is used in support of any claim, then Allianz Partners can, at its sole discretion, not pay your claim and cancel your cover under the policy from the date that the incorrect statement or fraudulent claim was made to us. You can help by reporting insurance fraud by calling 0800 630 117.

**INTERNAL DISPUTE RESOLUTION** Disputes are not an everyday occurrence, however, Allianz Partners provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the external dispute resolution scheme provider.

**PRIVACY** By providing your personal information to us (whether by yourself or through someone on your behalf), you agree and consent to the collection, use, and disclosure of your personal information as set out in the Privacy Notice section of the Policy Wording. For example, we may disclose your personal information to recipients including third parties in New Zealand and overseas such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, transportation providers, legal and other professional advisers, your agents and travelling companions, our related and group companies and Allianz Australia Insurance Limited. You can seek access to and correct your personal information subject to the provisions of the Privacy Act 1993. If you do not agree to the above or will not provide us with personal information, we may not be able to process your claim.

Signature of claimant:

Name of claimant:

Date:     /     /

## Section N: Payment Details

### Payments within New Zealand

Our preferred payment method is direct credit to a New Zealand bank account. Please provide your bank details below for direct credit to your nominated bank account.

We **cannot** make payment to a credit card. If you are not claiming any costs paid by yourself and we are required to make a payment on your behalf to a third party (e.g. a medical provider), no payment will be made until we have received payment of any applicable excess from you.

Bank name:

Account holder's name:

Bank

Branch

Account Number

Suffix

Please double check that your bank account number is recorded correctly and clearly.

A bank account may have either a 2 digit or 3 digit suffix. Example: 12-3456-1111111-02 or 12-3456-1111111-002

- ☐ If you require payment by cheque, a **\$5 fee will be charged and deducted from your settlement amount**. Please note that cheques cannot be "cashed". They must be deposited into a bank account in the name of the policy holder.
- ☐ If you require payment to an overseas bank account, a **\$25 fee will be charged and deducted from your settlement amount**. Your overseas bank and any other banks involved in processing the payment may also deduct fees and charges.

We do not charge a fee for payments we make directly to health providers on your behalf.