Studentsafe claim form

Studentsafe
Medical & Travel Insurance

This insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Global Assistance and is underwritten by Allianz Australia Insurance Limited trading as Allianz New Zealand.

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New Zealand

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Phone: 0800 486 004
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Claim No:

PRIVACY The Privacy Act 1993 requires us to tell you that Allianz Global Assistance as agent for Allianz New Zealand collects your personal information in order to handle your claim. We may disclose your personal information to third parties such as other insurers, travel agents, medical practitioners, intermediaries, loss adjusters, external claims data collectors, investigators and fraud detection, investigation or prevention agencies, or as required by law. You have the right to seek access to and correct your personal information at any time. Please contact Allianz Global Assistance for access.

INTERNAL DISPUTE RESOLUTION Disputes are not an everyday occurrence, however, Allianz Global Assistance 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 insurance industry's external dispute resolution scheme.

FRAUD Insurance fraud places additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by contacting us.

Step 1 – Claim Form Completion Requirements

- Please read this claim form carefully and complete ALL steps outlined on this form, including the Declaration on page 5.
- Please use block letters.
- Please retain a copy of ALL documents for your records.
- The claim form and ALL supporting documentation may be mailed, emailed or faxed to us. Please note: We reserve the right to request that original receipts, reports or any other documentation be submitted in order to substantiate the claim.
- Certain specified documentation may be required by us when you lodge your claim. As each claim is unique, we may also ask you for further information to assess your claim.
- If any part of your claim is of a dishonest or fraudulent nature, then your claim will be denied and will be referred to the appropriate authorities.

Step 2 – Policy Information

Policy No./Student ID	Claim Number (if known):	
Date First Enrolled in a course in NZ: / /	Current Course Start Date: / /	Current Course End Date: / /
Course Type: ☐ Multi Year/Returning Student ☐ 12 Month ☐ Part year/Short course		Student Visa Expiry Date: / /
Name:		Date of Birth: / /
Address:		
Email address:		Gender: ☐ M ☐ F
Telephone number business hours:		
Name of Institution or Educational Body:		
Do you have any other Insurance that may cover any costs claimed (eg contents, medical or travel insurance) ☐ Yes ☐ No		
If yes what is the Insurance Company's name?		
Some credit cards provide basic travel insurance cover – please advise if you have credit card/s: ☐ Yes ☐ No		
Did you purchase your travel on your credit card? ☐ Yes ☐ No		
If yes please give details:		

Step 3 – Person Making the Claim (if different from 1 above - eg. insured family member)

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

I/We, authorise (Name)	
of (Address)	Postcode
Phone	Mobile
to act on our behalf in respect to this claim and to be provided with information relating to the claim.	

Step 4 – Details of Claim

Please state full details of what happened or what your claim is for:

A. Medical, Dental and/or Hospitalisation Claim
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Medical/Hospital/Dental Report detailing Treatment and Diagnosis.
2. Itemised accounts giving a breakdown and description of costs claimed, together with receipts if any accounts have been paid by you.
3. Medical Report for pre-approval of treatment.

*** Failure to provide these documents may result in delays in processing your claim.**

Step 5 – Medical Expenses + Dental Claim

Are you applying for pre-approval of treatment ☐ Yes ☐ No	
Date of injury/illness: / /	Country injury/illness occurred in:
Full circumstances of injury/illness:	
When did the symptoms first appear? / /	When did you first seek treatment? / /

Please attach the procedure costs quoted by your health care service provider.

Have you suffered this illness/injury previously? ☐ Yes ☐ No
If yes please give full details and dates:
If you have applied for pre-existing cover for your pre-existing medical condition please provide your reference number:

Details of Medical/Dental expenses/Quotes	Amount	Currency	Have you paid this expense?
a			☐ Yes ☐ No
b			☐ Yes ☐ No
c			☐ Yes ☐ No
d			☐ Yes ☐ No
e			☐ Yes ☐ No
f			☐ Yes ☐ No

Please note: The doctor should be informed that they may be required to complete, at no cost to Allianz Global Assistance, a certificate which may be required by our office.

Step 5 (a) – Optical Claims

The following must be supplied with this claim:

- If your claim is for change of vision please provide a supporting letter from your optometrist.
- Receipt for item

Date of event: / /	Nature of claim: ☐ Lost ☐ Stolen ☐ Damage ☐ Change of Vision
Full details of claim:	

Step 6 – Luggage, Personal Effects, Travel Documents, Money and Credit Cards

Please attach a report from transport provider/police/hotel or other appropriate authority, proof of ownership, replacement quotes, foreign exchange receipts etc as applicable.

Date of event: / /	Time:	Country:
Please explain what happened:		
a) Has the loss/theft been reported to the Police? If yes, please provide a Police acknowledgement form: ☐ Yes ☐ No		
Date reported: / /	Police Station:	
Police file number:		
Was a list of items given to the Police (Please note we may request a copy of this from the Police) ☐ Yes ☐ No		
b) Airline/Shipping/Bus Co etc. loss or damage reported (if applicable): ☐ Yes ☐ No		
If yes, please provide a copy of the lost property form.		
If no report obtained, please explain why:		
c) Details of other steps taken to minimize loss:		
d) Have you claimed for this loss from any other source or company? ☐ Yes ☐ No		
If yes – name and address of company:		
Amount of compensation received: $		

Details of claim **Please complete each column**

Description of property lost/damaged/stolen. (Use separate sheet of paper if list is large)

Description of Property	Where Item Purchased	Date Purchased	Original Purchase Price	Proof of Ownership (original item)	Replacement/ Repair Cost	Item Replaced? (please attach receipt)
1		/ /		☐ Yes ☐ No		☐ Yes ☐ No
2		/ /		☐ Yes ☐ No		☐ Yes ☐ No
3		/ /		☐ Yes ☐ No		☐ Yes ☐ No
4		/ /		☐ Yes ☐ No		☐ Yes ☐ No
5		/ /		☐ Yes ☐ No		☐ Yes ☐ No
6		/ /		☐ Yes ☐ No		☐ Yes ☐ No

B. Cancellation Charges / Loss of Deposit Claim
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of original Itinerary.
2. Terms and Conditions issued by Travel Agent and/or Transport, Tour or Accommodation Provider.
3. Letter from Travel Agent or, where travel was not arranged through a Travel Agent, a letter from the relevant organisation through whom travel was booked, confirming payments made, refunds given and any amounts you are out of pocket.
4. Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made).
5. If travel was cancelled due to Medical Reasons/Death – completed Medical Certificate (see last page of claim form) and copy of Death Certificate (if applicable).
6. If travel was cancelled by a Transport Provider – letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.

*** Failure to provide this documentation may result in delays in processing your claim.**

Step 7 – Cancellation or Travel Disruption

Date of incident: / /	Full details of claim:

Breakdown of cancellation costs from travel agent attached:	☐ Yes	☐ No	☐ N/A
Doctors report or certificate attached:	☐ Yes	☐ No	☐ N/A
Documentation confirming reason for cancellation attached:	☐ Yes	☐ No	☐ N/A
Receipts/Accounts for expenses attached:	☐ Yes	☐ No	☐ N/A
Proof of delay from airline attached:	☐ Yes	☐ No	☐ N/A

Additional expenses incurred if any:	Amount	Currency
a	$	
b	$	
c	$	

Step 8 – All Other Sections

Date of incident: / /	Country where claim occurred:
Details of claim:	
Amount claimed:	Currency:

Step 9 – Claims History

Please provide details of any past claims made against any insurer:

Date of loss:	Description of loss	Insurance Co.	Claim paid or declined

Step 10 – Payment Details

Provide your bank details below for a direct credit to your nominated bank account.
Please note we cannot deposit into a credit card account.
If we are required to make a payment on your behalf no payment will be made until we receive payment, from you, of any applicable excess.

Name of Bank	
Branch:	Account Holder

Bank			Branch					Account number								Suffix			

CUSTOMER SERVICE QUESTIONNAIRE In order to ensure that the services we provide are maintained to the highest standards, we would appreciate a few moments of your time to complete a questionnaire. This will enable us to monitor our performance and implement any services which we feel would benefit our customers further.
Please confirm that you agree to receive a Questionnaire by Email ☐ (Please Tick)

Declaration

I DECLARE THAT:

- I will use my best endeavours and render all reasonable assistance and co-operation to Allianz Global Assistance in the assessment of my claim;
- The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim;
- I understand that the claim may be denied if the information supplied is untrue, or if I have not revealed all relevant facts;
- I understand that by investigating my claim or by accepting proof of my claim, Allianz Global Assistance has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy;
- A photocopy of this Authorisation shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Global Assistance to do everything necessary or expedient to:

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

I authorise any person, insurer, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Global Assistance in its absolute discretion considers relevant for its assessment of initial or ongoing benefits for 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 Health Insurance claims history;
- any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
- 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.

Signature:	Date / /
Signature of policyholder (if policy is in joint names, both signatures are required)	

Signature:	Date / /
Signature of the person making the claim (if different to above)	

Please Print & Sign