

# Uni-Care Claim Form



Please complete clearly in English

## Policy Holder Details

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: dd / mm / yyyy \_\_\_\_\_ Your Policy Number: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Education Provider (if applicable): \_\_\_\_\_

## Claim Payment (Please complete details of New Zealand Bank Account)

Name of Account Holder: \_\_\_\_\_

Account Number:   -     -       -    **Please note: Do not enter credit card details**

Bank                      Branch                      Account Number                      Suffix

## Claim Details (Please complete for the sections you are claiming for)

What policy sections are you claiming under:       Medical       Luggage       Other

### • MEDICAL & RELATED EXPENSES (Section 1 of Policy Wording)

Describe the illness or injury you are claiming for and the treatment you have received:

Date of Medical Consultation: dd / mm / yyyy      Cost Claimed: \$ \_\_\_\_\_       Pay Policy Holder       Pay Medical Provider

When was the medical condition first treated? dd / mm / yyyy      When was the medical condition last treated? dd / mm / yyyy

If this is an optical claim, were you wearing optical aids when you first came to New Zealand?       Yes       No

### • LUGGAGE - PERSONAL EFFECTS ETC. (Section 2 of Policy Wording)

Date of Loss, Damage or Theft: dd / mm / yyyy      Country & Location of loss: \_\_\_\_\_

Description of what happened:

Description of property lost/damage/stolen (please use a separate sheet of paper if necessary)

Describe Property:	Where item purchased:	Date purchased:	Purchase price:	Replacement cost:	*Proof of ownership attached	
1.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No
2.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No
3.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No
4.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No
5.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No
6.		dd / mm / yyyy	\$ _____	\$ _____	<input type="radio"/> Yes	<input type="radio"/> No

**Important: If the loss is due to theft or burglary, a police complaint acknowledgement form must be provided**

**\*Please supply proof of ownership for all claimed items such as receipts, manuals or credit statements. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.**

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• **OTHER CLAIM CATEGORIES** (Section 3-7 of Policy Wording)

What are you claiming for?	When did it happen? dd / mm / yyyy
Where did it happen?	Cost Claimed: \$
Description of what happened:	

### Declaration

**I/We declare that:**

- to the best of my/our knowledge, all information provided on this claim form is accurate in every respect.
- the amount claimed is NOT covered by another insurance policy, health or medical scheme.
- I have read and understood, and consent to the privacy statement below.

**Privacy Act**

I/we consent to AIG Insurance New Zealand Limited in accordance with the Privacy Act 1993:

- collecting holding and using personal information including information by audio, photographic or video surveillance, provided for purpose of administering a claim including investigating, assessing and paying any claim made by me or on my behalf;
- disclosing personal information submitted to a related AIG company, their staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act. Further information about this or making a privacy complaint can be obtained by emailing: [privacy.officerNZ@aig.com](mailto:privacy.officerNZ@aig.com)

Note: A photocopy of this authorisation shall be considered as effective and valid as the original.

I/we consent to AIG's assistance provider, Travel GuardTM, recording all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

Signature

Date

### Sending this Form

We require original receipts, invoices and estimates to be provided in support of this claim. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.

**Post, fax or scan & email your claims and original receipts to:**



Uni-Care Claims Service, Crombie Lockwood (NZ) Limited, P.O. Box 496, Wellington, New Zealand.



+64.4.385.7865



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