

POLICY NUMBER: _____

| PLEASE ENTER YOUR PERSONAL DETAILS BELOW | | | |
|--|--|----------------------|-------------------------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | | | |
| Surname: | <i>(as shown in passport)</i> | Given / First Names: | <i>(as shown in passport)</i> |
| Email Address: | | Date of Birth: | / / |
| Mobile No: | | Home Phone No: | |
| Are You Attending School? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Your School | |
| NZ Bank Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> |

DECLARATION

I / We declare that:

- All information provided (including answers to all questions), is truthful, accurate, complete and not misleading.
- The amount claimed is not covered by another insurance policy, medical scheme or free health care (or treatment).

PRIVACY ACT AUTHORISATIONS

I/We authorise OrbitProtect Ltd / Lumley General Insurance NZ Ltd or their representatives or agents to obtain all information required to process, investigate or verify the claim from any other party and to release the information to other parties if requested. A photocopy of this authorisation shall be considered valid and effective as the original.

SIGNATURE: _____ **DATE:** _____ / ____ / ____

MEDICAL COVER AND OPTICAL COSTS

Describe the nature of your illness or injuries :

Date of your illness or injuries occur: _____ / ____ / ____

Where did the illness or injuries occur:

Where did you receive your medical treatment?

 Have you had any previous treatment for this condition? (please tick ✓) Yes No

If Yes, please advice the date when you first had the treatment: _____ / ____ / ____

If it is optical claim, please advise the date when you first noticed your vision changed in NZ: _____ / ____ / ____

Total medical and optical costs claimed NZ\$
IMPORTANT: Please tick ✓

 General Practitioner receipts attached

 Pharmaceutical receipts attached

PERSONAL ITEMS / BAGGAGE / TRAVEL DOCUMENTS / MONEY

When did the loss / damage occur: / /

Where were your items lost / damaged:

Describe in detail how the loss / damage occurred:

If the loss involved theft or burglary, was there forced entry (please tick ✓) : Yes No

Were the policy or other authority notified? (please tick ✓) : Yes No (if yes, please attach report / written confirmation)

Date of when the policy or other authority were notified: / /

| Description of Property | Date of Purchased | Place Where Property was Purchased | Original Cost or Repair (NZ\$) |
|-------------------------|-------------------|------------------------------------|--------------------------------|
| | / / | | |
| | / / | | |
| | / / | | |
| | / / | | |

You may continue to list your claim items on a separate sheet if necessary. Please provide receipts for all expenses.

IMPORTANT : Please tick ✓

Receipts or proof of purchase

ALL OTHER TYPES OF CLAIMS

Reason(s) for claim:

When did this occur: / /

Expenses Claimed

| Descriptions of Expenses Claimed | Expenses Incurred Date | Amount (NZ\$) |
|----------------------------------|------------------------|---------------|
| | / / | |
| | / / | |
| | / / | |