

# International Student travel insurance Claim form



Southern Cross  
Travel Insurance

When complete return this form to:

**Southern Cross Travel Insurance**

**PO Box 204124, Highbrook, Auckland 2161**

Please print in capital letters with blue or black pen

## Main Policyholder details

Please provide details for the person who is the main policyholder.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Date of Birth (Day/Month/Year)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Family Name (As shown in passport)									
First or Given Names									
Street Address/PO Box/Private Bag									
Address									
Suburb					City/Town				
Country					Post Code				
Home Phone					Mobile				
Email					Policy Number				

## If your claim is accepted, where do you want your refund paid?

Please tick one option only.

1.  Direct Credit to my New Zealand Bank Account
2.  I don't have a New Zealand bank account, so I want my refund paid to another person's New Zealand Bank Account

I acknowledge that payment by Southern Cross Travel Insurance to the nominated third party is deemed full and final settlement of Southern Cross' obligations in relation to payment of the claim.

Bank Account Name	<input type="text"/>	Bank	<input type="text"/>	Branch	<input type="text"/>	Account	<input type="text"/>	Suffix	<input type="text"/>
Policyholder's Signature	<input type="text"/>								

## Declaration

*This claim form is a legal document which must be completed accurately and truthfully. Any false, misleading or wilfully exaggerated claims are fraud and a criminal offence. Southern Cross Benefits Limited reserves the right to investigate any claim.*

**I/We declare:**

- All relevant information has been provided and due care taken in completing this claim form.
- All information provided, including answers to all questions, is full, accurate, complete and truthful, and not misleading.
- No claim is directly or indirectly attributable to a pre-existing condition (except as previously disclosed and accepted in writing by us).
- The amount claimed is for the net loss, or net extra cost, after allowing for all refunds and credits.
- No part of the amount claimed is covered by another insurance policy, health or medical scheme or free health care or treatment.

## Privacy Act Authorisations

This claim form collects personal and health information about each person named on this form for the purposes of evaluating the claim. I/We authorise Southern Cross Benefits Limited (including its representatives, consultants and any reinsurer) to collect, use and disclose information about me/us from any person (e.g. Doctor, Parent, Travel Agent, named Agent) or facility (e.g. Hospital, Clinic) for the purpose of evaluating the claim, and I/We authorise such persons or facility to disclose such information to Southern Cross Benefits Limited. The information is being collected and held by Southern Cross Benefits Limited. If you fail to provide information requested the claim may be declined. You have a right to access and request correction of the information in accordance with the Privacy Act 1993. If the claim form is not signed by each person for whom a claim is made, the person(s) signing confirm authorisation to complete this claim form and sign on behalf of such persons as well.

## Signature

Please remember to sign this form. Claims without the policyholder's signature cannot be paid.

Policyholder's Signature	<input type="text"/>	Date (Day/Month/Year)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Approximate total amount of claim NZ \$	<input type="text"/>						



## Baggage & Personal Items

The information regarding Baggage and Personal Items is contained in **Section 8** of the policy wording. Please provide the original cost not replacement cost. Please note, wilful exaggeration of the amount claimed will result in the claim not being paid. A \$200 excess applies per event plus an additional \$500 excess for each laptop or personal computer. Please note Student Essentials provides no cover under **Section 8** (unless you have specified an item for an extra premium).

Date of loss/damage (Day/Month/Year)  /  /  Country and place of loss/damage

Describe in detail how the loss/damage happened.

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Explain what action was taken to stop the loss/damage? Did you contact the airline, report the theft, repair the damage?

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Did you report the event to the police or other authority? Yes  No  What date did you report the event (Day/Month/Year)  /  /

Description of Expenses	Place of Purchase	Date of purchase (Day/Month/Year)	Claimed Amount	Currency
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
Approximate Total Claimed			\$	NZD

Please attach a separate sheet if you require more space.

## Checklist of documents to provide

### Lost, Stolen or Damaged Personal Items

- Report from the Police or relevant Government Authority
- Proof that you owned the lost/stolen/damaged item/s, and proof of the value of the item/s. Original receipts are required, but if these are not available we will consider at our discretion other forms of proof of ownership and value such as;
  - bank or credit card statements showing the purchase of the item/s
  - valuations dated prior to the loss
  - any official documents to prove ownership and value
  - reports or reprinted receipts from the retailer where purchased
- You must claim for any loss or damage incurred with the service provider where the service provider is responsible. Provide documentation confirming the outcome of the claim.

- Report from a suitable outlet/expert on whether the damage is repairable.
  - A quote for the repair if the item is repairable.
- ### Delayed Baggage
- Documentation from the transport provider showing that you were deprived of your baggage and for how long.
  - Original receipts for emergency purchases.
  - Documentation confirming any compensation you were able to receive from the service provider.

Failure to provide the above required information may result in a delay in the processing of your claim.

## Money & Travel Documents

The information regarding Money & Travel Documents is contained in **Section 7** of the policy wording. Please note, wilful exaggeration of the amount claimed will result in the claim not being paid. A \$75 excess applies per event under this section.

Date of loss/theft (Day/Month/Year)  /  /  Country and place of loss/theft

Describe in detail how the loss/theft happened.

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Explain what action was taken to stop the loss/theft? Did you report the theft, contact the airline or the issuing agency?

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Please only fill in the sections you are claiming for

Money & Travel Documents - Continued

Description of Expenses	Place of Purchase	Date of purchase (Day/Month/Year)	Cost	Currency
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
		/ /	\$	
Please attach a separate sheet if you require more space.			Approximate Total Claimed	\$ NZD

Checklist of documents to provide

- Report from the Police or relevant Government Authority.
- Proof that you owned the credit card/travel document.
- Original receipts for any costs incurred to arrange essential replacement credit cards or travel documents.
- Proof that you owned the money in the form of either a currency exchange document or bank statement showing the withdrawal of cash.

Failure to provide the above required information may result in a delay in the processing of your claim.

All other claims

The information regarding all other claims is contained in Sections 3, 4, 5 & 6 of the policy wording.

Please specify which Section(s) you are claiming for Section 3  Section 4  Section 5  Section 6

Date of event (Day/Month/Year) / / Country or place of event Time

Please describe the reason for your claim.

Description of Expenses	Date Paid (Day/Month/Year)	Claimed Amount	Currency
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
Please attach a separate sheet if you require more space.		Approximate Total Claimed	\$ NZD

Checklist of documents to provide - Cancellation & Changes to Planned Journey

- Original receipts for any prepaid deposits or additional expenses. Bank statements showing booking payments may be requested for large value claims.
- Documentation showing refunds provided by the airline, travel agent, cruise company, accommodation and any other service provider. Please ensure you have claimed for any applicable refunds before submitting this claim. Taxes on unused flights are usually refundable.
- Written proof of the reason for changes to your journey. This may include a full medical report detailing the history of the medical condition, a death certificate or a report from the relevant transport or service provider. Further medical information may be requested.
- Official documentation showing your original travel plans, as well as your changed journey (if applicable).
- Other claims – original receipts/invoices/documents to support your claim.

Failure to provide the above required information may result in a delay in the processing of your claim.

Important Information

To help us process your claim as quickly as possible, it's important that you supply the right kind of evidence, as well as a full and clear explanation of why you are claiming.

For all claims you must provide:

- for legal and auditing reasons, original documents and not photocopies. This does not apply to bank or credit card statements.

You must submit original receipts, travel itineraries and any medical reports, otherwise your claim may be delayed in processing.

Please keep a copy of any documents, receipts and other forms of written notification provided to us for your own records, as originals will not be returned. For full terms and conditions, please refer to the Policy Wording.

If you require any further assistance, please don't hesitate to email us at info@scti.co.nz or call us on 0800 800 571.