



Privacy Act Authorisation and Declaration

Declaration

This is a legal declaration which you must complete accurately and truthfully. Failure to do so may result in your claim being declined and/or your policy being cancelled or voided. Southern Cross Travel Insurance (SCTI) reserves the right to investigate the details and circumstances of any claim made.

By submitting this claim, you declare that:

- All information supplied in this claim submission and in connection with this claim is complete, true and accurate.
- You are authorised by each person named in this claim submission, to complete and sign on their behalf.
- This claim is made in accordance with your policy documents and no part of the amount claimed has been covered by another insurance policy, or is covered under a health or medical scheme, or free healthcare or treatment.

Privacy Act authorisations

This claim form collects personal and health information about each person named in this claim submission, for the purposes set out in the SCTI Privacy Statement, including evaluation of your claim and preventing, detecting and investigating fraud.

If you fail to provide the information requested, we may not be able to process your claim. SCTI may collect information about you from the main policy holder (when you are not the main policy holder). If you are the main policy holder, you are responsible for making any other people insured under your policy aware:

- that you are disclosing their information to us for the purposes set out above,
- and of the terms of our Privacy Statement.

Each person named in this claim submission or policy has the right to access and request the correction of their information in accordance with the Privacy Act 1993. The full Southern Cross Travel Insurance Privacy Statement is available online at <http://www.scti.co.nz/privacy>.

You authorise:

- SCTI to collect from and disclose to any person or organisation (including without limitation, medical practitioners, healthcare service providers, and other insurers), any further information reasonably required to evaluate and investigate the claim (including after claim payment), and I authorise those persons or organisations to disclose such information to SCTI as is reasonably necessary.

Please complete the following:

Your full name: _____

Policy number: _____

Claim number: _____

Signature: _____

Date: _____

Please print this form and enclose it with any supporting documentation. If you cannot print this, please write your claim reference number on the front of your envelope and all receipts and documents you are sending us.

Please address to:

Claim number: (please include your claim number)

Southern Cross Travel Insurance

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