

International Student travel insurance Claim form



Southern Cross
Travel Insurance

When complete, send 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 reimbursement paid?

Please tick one option only.

- Direct credit to my New Zealand bank account
- 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 Travel Insurance's 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 declaration must be signed and dated in order for your claim to be assessed.)

This claim form is a legal document which must be completed accurately and truthfully.

Failure to do so may result in your claim being declined and/or your policy being cancelled or voided.

Privacy Act Authorisations

This claim form collects personal and health information about each person named on this form and on this policy for the purposes set out in the Southern Cross Travel Insurance (SCTI) Privacy Statement, including evaluation of your claim and preventing, detecting and investigating fraud. The information is being collected and held by SCTI.

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 policyholder (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
- the terms of Our Privacy Statement.

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

I / We declare that:

- All information supplied on this claim form and in connection with this claim is complete, true and accurate.
- I am authorised by each person named on this claim form or on the policy to complete and sign on their behalf.
- This claim is made in accordance with my policy documents and no part of the amount claimed is covered by another insurance policy, health or medical scheme or free healthcare or treatment.

Release

- I 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 and/or prevent, detect and investigate fraud (including after claim payment), and I authorise those persons or organisations to disclose such information to SCTI as is reasonably necessary.
- I authorise any change of bank account details noted on this claim form.

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"/>	.	<input type="text"/>				

Baggage & Personal Items

The information regarding Baggage & Personal Items is contained in **Section 7** 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, tablet or personal computer. **Please note Student Essentials provides no cover under Section 7.**

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

Describe in detail how the loss/damage happened. Explain what action was taken to stop the loss/damage (Did you contact the airline, report the theft, repair the damage?).

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 items	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, security or other appropriate authorities.
- 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; or
 - valuations dated prior to the loss; or
 - any official documents to prove ownership and value; or
 - reports or reprinted receipts from the retailer where purchased.
- If a service provider is responsible for any loss or damage incurred, you must claim through them first and 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!

Cash & Travel Documents

The information regarding Cash & Travel Documents is contained in **Section 6** of the policy wording. Please note, wilful exaggeration of the amount claimed will result in the claim not being paid. A **\$100** 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. Explain what action was taken to stop the loss/theft (Did you report the theft, contact the airline or the issuing agency?).

Please only fill in the sections you are claiming for

Cash & 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, security or other appropriate authorities.
- 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 2, 3, 4 & 5 of the policy wording.

Please specify which section(s) you are claiming for Section 2 Section 3 Section 4 Section 5

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 - Changes to Your 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 all claims you must provide original documents (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.