

Making a claim on your policy

Before you start

Your claim will be managed by nib Travel Services Pty Limited (we, us) who are authorised by the insurer to handle and settle claims.

In order for us to process your claim quickly it's important that you complete all the relevant sections of this form with as much detail as you can. If you do not have enough room please attach additional information on a separate sheet.

If you are giving authority to another person to act on your behalf in respect to this claim please complete the Nominated Authority box below.

You'll find it easier to get all your supporting documents together first. You can find a full list of key documents we will need on page 11. Use these documents to complete all relevant sections of the form.

What you need to do:

Step 1 & 2: About you & What happened. This part is all about you, your trip and what happened.

Step 3: Your expenses. This is where you list individual expenses. You only need to complete the section(s) applicable to your claim.

Step 4: Medical authority & certificate. Where applicable, the medical authority is completed by the person who was sick or injured, or the executor/ representative of the deceased. The medical certificate is completed by their GP at home to confirm their health condition(s), which caused your claim.

Step 5: Bank details. We will transfer any cash payments directly into a nominated bank account.

Step 6: Declaration. You'll need to sign this for us to assess your claim.

Step 7: Checklist. Use this checklist to attach the relevant documents to support your claim.

Where to send the completed form

Check your form thoroughly and make a copy of everything before you send it to us. Please send us the originals and keep a copy for your records.

Postal Address: **Email:** claimsNZ@worldnomads.com

Travel Claims Department
Po Box A975,
Sydney NSW 1235
Australia
Fax: +61 2 8263 0487 or 0800 807 717

Step 1: About you

Your Policy

1. Certificate of Insurance / Policy Number:

Did you contact Emergency Assistance?

No > Go to Question 2

Yes > Give details below

Please enter your assistance reference number:

Your Details:

2. Title: First Name:

3. Last Name:

4. Date of birth: (DD/MM/YYYY)

 / /

5. Occupation (eg Manager, full-time student):

6. Preferred contact number (including area and country code):

7. Email Address:

8. Address:

State/Region:

Postcode:

9. Preferred Method of Contact:

Email

Phone

Mail

Nominated Authority

I/We authorise:

Name of Nominated Authority:

Address:

Email:

State:

Postcode:

Date of birth: (DD/MM/YYYY)

 / /

Preferred contact number:

to act on my/our behalf in respect to this claim and to be provided with information relating to this claim.

Step 2: Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

What happened?

Example: I broke my leg/My bag was stolen/My father was admitted to hospital.

How did it happen?

Please give a detailed description of how the incident happened and what you did.

When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:

(DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

Where?

Town and Country (eg Paris/France):

Location (eg Hotel Reception):

Information about your trip

1. When was your first booking?
 / / (DD/MM/YYYY)

2. When was the first payment for your trip?
 / / (DD/MM/YYYY)

3. When was the last payment for your trip?
 / / (DD/MM/YYYY)

4. Were you travelling for:
Holiday Work Study

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider: (eg Commonwealth Bank):

Card Type:

Visa Mastercard Amex Other

Card Level:

Standard Gold Platinum Other

If other please specify in the box below:

Step 3: Your Expenses

This part of this form is divided into specific sections depending on the type of claim. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 11 will help guide you.

3a - Cancellation or Trip Interruption

1. Was the cancellation/change due to illness, injury or death?

Yes ➤ Go to Question 2

No ➤ Please advise reason:

Please note: If cancellation was caused by death, injury or illness you must also complete step 3i.

2. If cancellation/change was caused by a person please provide the following:

Name of person causing the trip to be cancelled:

Their date of birth:

 / / (DD/MM/YYYY)

Relationship to you:

3. Name of all people whose arrangements have been cancelled/affected:

4. Date travel supplier notified:

 / / (DD/MM/YYYY)

5. Was the trip rebooked?

No ➤ Go to Question 6

Yes ➤ Please provide date:

 / / (DD/MM/YYYY)

6. Please list all cancellation costs claimed (please list trip interruption costs under 3b):

Date	Description	Supplier	Amount Paid	Refund Received	Amount Claimed	Currency
DD/MM/YYYY	Flight to Bangkok	Expedia	\$750.00	\$150.00	\$600.00	Euro

7. Total cancellation fee if trip was cancelled outright:

\$.

8. Additional amount paid if your trip was postponed, interrupted or changed (list in 3b):

\$.

Loss of Reward Points

9. Total amount of points used to purchase travel arrangements:

10. Did you pay any additional amount?

Yes No

\$.

11. Total amount of points refunded:

12. Total amount of points lost:

3b - Additional or Other Expenses Claim

1. List all items you wish to claim for:

Details of Expense	Date of Expense DD/MM/YYYY	Amount Claimed						Currency	
		1	3	4	5	.	0		
Extra nights accommodation in Bangkok	DD/MM/YYYY					.	0	0	THB
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			
						.			

3c - Delayed Luggage Claim

1. Your arrival date and time at destination:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

2. Date your luggage arrived:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

3. Have you made a claim against your carrier?
 No → Go to Question 4
 Yes → What compensation did the carrier pay you?
 Amount: . Currency:

4. Did you hire replacement sporting equipment (Explorer Plan)?
 No → Go to Question 5
 Yes → Add this expense to Question 5
 Date/Time sporting equipment arrived:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

5. Please provide a list of the essential items purchased:

Name of item purchased	Place of Purchase	Date of Expense DD/MM/YYYY	Original Purchase Price						Currency	
							.			
Disposable Razors	Seven Eleven	DD/MM/YYYY			2	8	.	9	5	USD
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			
							.			

3e - Replacement of Travel Documents

1. List all items you wish to claim for:

Replacement Documents	Date Replaced	Replacement Cost						Currency	
New Zealand Passport	DD/MM/YYYY		5	2	5	.	0	0	GBP
						.			
						.			
						.			
						.			

3f - Rental Vehicle Insurance Excess Claim (Explorer Plan)

1. Type of Vehicle:

Car Campervan Minibus Other

2. Name of vehicle hire company:

3. Name of person driving the vehicle:

4. Their date of birth:

 / / (DD/MM/YYYY)

5. Rental vehicle excess:

 . Currency:

6. Actual repair costs:

 . Currency:

7. Amount you are claiming:

 . Currency:

8. Charge to return vehicle if unfit to drive:

 . Currency:

3g - Resumption of Trip Claim

1. List of arrangements cancelled in order to return home.

Cancellation fees	Date of expenses from	Date of expenses to	Amount						Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	.	9	5	AUD
							.			
							.			
							.			
							.			

2. List of arrangements booked to resume your trip.

Additional expenses	Date of expenses from	Date of expenses to	Amount						Currency	
Cannon X1 Digital Camera	DigiCameras	DD/MM/YYYY		5	4	9	.	9	5	AUD
							.			
							.			
							.			
							.			

3h - Medical and Dental Expenses Claim

1. Name of Ill/Injured Person:

2. Their date of birth:
 / / (DD/MM/YYYY)

(Please note: this person must complete Section 4)

3. Relationship to you (if not you):

4. Nature of illness/injury:

5. Date first occurred:
 / / (DD/MM/YYYY)

6. Were you/they treated for this illness/injury or similar before?
 Yes No

If YES please give details below:

7. If an injury occurred, was it whilst taking part in an adventure sport or activity or while working (paid or volunteer)?
 Yes No

If YES please give details below:

8. Name and address of Doctor/Dentist who treated illness/injury abroad:

9. Country where illness/injury was treated:

10. Were they admitted to hospital?
 Yes No

11. Date and Time Admitted:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

12. Date and Time Discharged:
 (DD/MM/YYYY) (HH:MM) (AM/PM)
 / / :

13. List of Medical Expenses Incurred:

Type of Service:	Date of Expense:	Cost Incurred:							Currency:	Account Paid:	
Consultation	DD/MM/YYYY		7	8	5	.	0	0	GBP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No
						.				Yes	No

Step 4: - Medical Authority & Medical Certificate

Part 1 - Medical Authority: To be completed by the person whose illness, injury or death caused the claim or Executor/Guardian of that person (if applicable).

I authorise any hospital, physician or other person who has attended me, to give nib Travel Services, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation will be considered as effective and valid as the original.

Name of injured/ill/deceased person:

Their date of birth:

 / / (DD/MM/YYYY)

Signature:

Part 2 - Medical Certificate: To be completed by the ill/injured/deceased person's usual General Practitioner/Dentist

This Medical Certificate must be completed at the claimant's expense by the usual doctor (G.P./dentist) of the person whose illness/injury/death caused this claim.

1. Name of patient:

2. Their date of birth:

 / / (DD/MM/YYYY)

3. Does he/she usually attend your practice?

No ➤ Go to Question 4

Yes ➤ If so, how long?

4. Do you have access to the patient's medical/clinical records?

Yes No

5. Please provide a precise diagnosis of the illness/injury:

6. Date of the onset of the illness or injury:

 / / (DD/MM/YYYY)

7. Date on which you were first consulted for symptoms of illness/injury:

 / / (DD/MM/YYYY)

8. Did you refer your patient to a specialist?

No ➤ Go to Question 9

Yes ➤ If so, give details:

Name of specialist:

Address of specialist:

Date referred:

 / / (DD/MM/YYYY)

Date first attended specialist:

 / / (DD/MM/YYYY)

9. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No ➤ Go to Question 10

Yes ➤ If so, please provide details

10. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No ➤ Go to Question 11

Yes ➤ If so, please provide details:

11. Please provide details of all medication that your patient was taking over the past 24 months (regardless of prescribing physician) and the relating condition.

Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	
Condition:	
Medication:	

12. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers:

13. Was the patient medically advised not to travel?

No ➤ Go to Question 14

Yes ➤ On what date?

/ / (DD/MM/YYYY)

14. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No ➤ Go to Question 15

Yes ➤ If so, please provide details:

15. Please provide a printout of your patient's medical history and clinical notes (if applicable).

Doctor's Declaration

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist:

Signature:

Email:

Phone:

Fax:

Doctor's stamp:

Step 5: Bank Details

If your claim is approved, we will deposit your refund in New Zealand Dollars directly into you nominated account.

The account nominated must be either a cheque or statement account. Unfortunately we are unable to deposit into a credit card account.

Account holder's name:

Branch:

Name of bank:

SWIFT/BIC Code:

Australian/New Zealand Accounts:

BSB Number

Account number

 - -

North American Accounts:

Routing/Transit Code

Account number

 -

All other International Accounts:

International Bank Account Number (IBAN)

 - - - -

Any special banking instructions (eg intermediary bank account details):

Step 6: Declaration

Your claim will be handled by the dedicated claims team at nib Travel Services who take your privacy seriously. We use the information you provide to us to assess your claim and pursue any recovery. We may need to provide that information to other people, for example your insurers and any assessors, health professionals or others that we need to assist us in doing this. If you don't provide us with complete information, we will not be able to properly assess your claim. You can check the information we hold about you at any time.

For more information about how we use your personal information, please refer to the Privacy Notice in the Combined Financial Services Guide and Product Disclosure Statement or ask us for a copy of our privacy policy available from www.worldnomads.com.

I/We declare that all information provided is true and correct.

I/We authorise any person or organisation to provide nib Travel Services or its representative with any information that they may request in relation to this claim.

I/We agree that a photocopy of this authorisation is as effective and valid as the original.

Signature of claimant:

Name of claimant:

Date:

 / / (DD/MM/YYYY)

Step 7. Getting your paperwork together

To assess your claim faster, we prefer original documents which may be electronic like e-tickets. You can provide us with copies, however we reserve the right to request the originals or further documentation to support your claim, which may cause delays. If any of the documents are missing please provide a written explanation or please contact us on +61 2 8263 0487. Original documents will not be returned so please keep a copy of these documents for your own records.

Please see the final page for a checklist of the documents we will require. If we need additional documentation we will let you know.

Documentation Checklist

The following checklist provides a summary of key documents we require. Also read what you must do in the "What's covered & not covered" section of your policy wording for further details.

For All Claims We Need Your

- Proof of your travel dates (e.g. itinerary, eTickets)
- Proof of payment for trip (e.g. receipts, credit card/bank statements showing payments made)
- Where applicable: Appropriate certification or licence to perform sport or activity (where required in Section 8.2 of policy wording) and/or copies of appropriate visas to work or study in that country

3a - Cancellation or Trip Interruption

- Booking conditions showing breakdown of all trip costs
- Documents confirming refunds provided by travel agency, tour company, airline etc.
- Completed Medical or Death Certificate (where cancellation due to medical reasons)
- Letter from transport provider explaining the circumstances of the cancellation/refund and compensation received
- Airline tickets if not refundable

3a - Loss of Reward Points

- Original airline ticket (including cost and points)
- Reward statement showing total points used, any points charged as cancellation & any refund of points

3b - Additional Expenses

- Receipts or other evidence of expenses paid by you
- Evidence from the provider (airline, hotel, bus company) explaining the circumstances of the expenses
- Booking invoice with original pre-paid arrangements
- Police Report showing date detained/released if kidnapped or hijacked
- Documentation about volunteer course, internship, study or apprenticeship (e.g. signed agreement and/or letter from employer or organisation outlining reason for cancellation; cancellation terms & conditions)
- Written confirmation from your employer confirming reason for redundancy/cancellation of leave
- Medical evidence to support sudden illness or injury of close colleague/business partner (p8)

3c - Delayed Luggage

- Proof of ownership of all items
- Property Irregularity Report (PIR)
- Written confirmation from the carrier confirming delay, when your luggage was returned to you and compensation paid
- Original receipts for essential items purchased
- Boarding pass & baggage tags from the carrier who caused your luggage to be delayed

3d - Stolen or Damaged Luggage & Personal Effects

- Proof of ownership of all items
- Repair quotes for damaged items
- Report from police and common carrier/service provider/local authority (e.g. security manager) of theft/damage
- Original receipts for replacement items
- Property Irregularity Report (PIR)
- Boarding pass, luggage checks & baggage tags from the carrier/service provider
- ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds
- Proof that IMEI number locked for mobile phones
- Theft of cash (Explorer Plan) - evidence of bank withdrawal, foreign exchange receipts or travellers cheques, postal and money orders

3e - Replacement of Travel Documents

- Police Report
- Written report from service provider/local authority if responsible for lost documents
- Government documentation (e.g. foreign government agency and New Zealand passport or consular office reports)
- Receipts or invoice of original travel documents
- Receipts relating to the replacement of travel documents

3f - Rental Vehicle Insurance Excess

- Rental vehicle agreement showing the excess you are liable for
- Receipts/credit card statement for excess payment
- Copy of repair quote/account and proof of payments made or received
- Copy of rental vehicle accident/incident report
- Copy of valid driver's licence to drive the class of vehicle rented
- Copy of rental vehicle insurance policy provided by rental company/agency
- Medical evidence you are unfit to drive

3g - Resumption of Trip

- Original trip booking invoice itemising breakdown of costs for both original and new booking
- Original and new itinerary
- Copy of used and unused return ticket
- Booking conditions that applied to original trip
- Cancellation fees that would have applied had the original trip been cancelled in full
- Invoice and receipt for new ticket purchase to resume journey
- Medical or death certificate of relative who caused return to New Zealand

3h - Medical and Dental Expenses

- General Practitioner/Dentist Medical Certificate (p8)
- Original medical/dental receipts
- Treating doctors report
- Hospital admission & discharge reports where relevant
- Letter from dentist with details of emergency treatment provided
- Police Report (if assaulted)
- If a student; evidence of full-time enrolment at time of accident