

# CORPORATE TRAVEL INSURANCE CLAIM FORM

Policy No:

Certificate No:

Claim No:

**Postal Address:**

PO Box 33313  
Takapuna  
Auckland  
New Zealand

**Email:**

corporateclaims@allianz-assistance.co.nz  
Phone: 0800 000 638  
Facsimile: +64 9 489 8167

## Claim Type

Please confirm if claim occurred during Business days  Leisure days

## Claimant Details

Name of Claimant (Mr/Mrs/Miss/Ms)

Address

Postcode

Telephone Home

Business

Mobile

Email Address

Date of Birth / /

Occupation

Travel Agent

Date of Booking Travel Arrangements / /

Date of Departure / /

Date of Return / /

I / we authorise my broker to act on my behalf if required for this claim.

## Broker Details

Broker Name

Address

Postcode

Phone

Mobile

## Travel Arrangements

- Did you use a credit card to purchase your travel (eg. flights, accomodation, tours)?  Yes  No
- If **Yes**, please complete the following:

Name on Credit Card

Name of Financial Institution

**Card Type:**  Visa  Mastercard  Diners  Amex **Card Level:**  Gold  Platinum  Other:

## Section A. Overseas Medical, Dental and/or Hospitalisation Claim

### THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\*

- Medical/Hospital/Dental Report detailing Treatment and Diagnosis.
- Itemised accounts giving a breakdown and description of costs claimed, together with receipts if any accounts have been paid by you.

**\* Failure to provide these documents may result in delays in processing your claim.**

Type of Injury or Sickness

Date of Accident or Commencement of Sickness / /

If **Injury** – Give full details of Accident

Date of First Medical/Dental Consultation / /

Name of Doctor, Dentist and/or Hospital

Details of other treatment by Doctor, Dentist and/or Hospital

Dates in Hospital – Admitted / / am/pm

Discharged / / am/pm

Did you contact our Emergency Assistance department?  Yes  No

Name and Address of usual family doctor

Please list each receipt/bill separately in the table below. Claims will be converted to New Zealand dollars using the currency rate applicable at the date and time the expenses were incurred.

Name of Doctor/Dentist/Pharmacy/Hospital or Provider	Treatment Performed	Date of Treatment	Amount Charged (State Currency)	Paid Yes/No	Refund from Health Funds
e.g. Doctor R Smith	e.g. Consultation	e.g. 10/02/07	e.g. EUR 100	e.g. Yes	e.g. EUR 75

**Section B. Cancellation Charges / Loss of Deposit Claim / Additional Expenses**  
**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

1. Copy of original Itinerary.
2. Letter from Travel Agent or, where travel was not arranged through a Travel Agent, a letter from the relevant organisation through whom travel was booked, confirming payments made, refunds given and any amounts you are out of pocket.
3. Proof of payment for trip (ie. receipts, credit card/bank statements showing payments made).
4. If travel was cancelled due to Medical Reasons/Death – please provide a medical certificate or a copy of Death Certificate (if applicable).
5. If travel was cancelled by a Transport Provider – letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.

What was the reason you could not commence or complete your proposed Journey?

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Was your Journey cancelled as a result of Injury/Sickness to any other person?  Yes  No

If **Yes**, please provide

Full Name	Date of Birth / /
Address	Relationship
Nature of Injury/Sickness	
Date your Journey was booked / /	Date your Journey was cancelled / /

**Details of Journey**

Date	Description of Booking	Supplier	Amount Paid	Refund Received	Amount Claimed

Please state the reason/event that caused the additional expenses being incurred

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What was the unexpected expense incurred?

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Please list each receipt/bill separately in the table below. Claims will be converted to New Zealand dollars using the currency rate applicable at the date and time the expenses were incurred.

Date of Expense	Description of Expense	Amount	Date of Original Plan	Description of Original Cost	Amount
e.g. 24/07/07	e.g. Hotel in Paris	e.g. EUR 100	e.g. 24/07/07	Flight to Munich	e.g. EUR 75

**Section C. Luggage / Personal Effects / Delayed Luggage Claim**  
**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

1. Proof of ownership of the items claimed (ie. tax invoices, receipts, or credit card/bank statements proving purchase of the item/s).
2. Report made to the Transport Provider/ Police/Hotel or other appropriate Authority.

Give full details of how losses, damage or thefts occurred: (detail each event)

Date loss/damage occurred    /    /	Time                                    am/pm	Location/Country
Date loss/damage reported    /    /	Time                                    am/pm	Location/Country
Loss/damage reported to – (Police, Airline or other Authority) Name		
Were items lost/damaged by Carrier? (e.g. Airline) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		Name

Have you lodged a claim or complaint against any Carrier/Airline or other Authority or against any individual responsible for the loss or damage to your property? If **Yes**, please provide details in the table below and attach copies of correspondence. If **No**, you should proceed to claim with your Carrier/Airline before submitting your claim to Allianz Partners.

**NOTE: The 1999 Montreal Convention imposes a liability upon Airlines and you should claim from them first.**

Carrier	Claim no.

What action was taken to recover lost items?

Are any of the items covered by other insurance? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If <b>Yes</b> – Which company?	Policy Number
Were all the missing articles owned by you? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If not, give details	

Full Details of Articles Claimed	Store Purchased	Country Purchased	Original Date of Purchase	Original Purchase Price	Amount Claimed (NZD)	Proof of Purchase Attached?

**Section D. Rental Vehicle Excess Claim**

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM**

- 1. Copy of your Rental Vehicle Agreement.
- 2. Copy of the Repair Invoice if claim is due to the Rental Vehicle being damaged.
- 3. Copy of documents showing amount debited to you by Rental Vehicle company for damage/excess.
- 4. Report made to the Police or other appropriate Authority.

Date and time of accident/incident / /	Location of accident/incident
Rental Vehicle company name	Country where the vehicle was rented

Please state in full, exactly what happened for the claim to arise (if necessary, a diagram may be used to depict the event)


Was the damage due to a collision with another vehicle?  Yes  No

Did police attend the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the accident/incident your fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Repair costs	Date the damage was paid for / /
Excess you were liable to pay	Amount you are claiming for
Have you received compensation from any person or party involved in the accident or incident <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state the amount received	

**Section E. Other**

**THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS CLAIM**

Please tell us in as much detail as possible what happened to you in order for you to make this claim. Be as specific as possible, including dates and amounts paid. If there is not enough room in the space provided, you may continue your description of the events on a separate piece of paper.


**Payment Details**

Provide your bank details below for a direct credit to your nominated bank account.

**Please note we cannot deposit into a credit card account.**

If we are required to make a payment on your behalf no payment will be made until we receive payment, from you, of any applicable excess.

Name of Bank	
Branch:	Account Holder

Bank			Branch					Account number							Suffix			
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## Declaration

### I DECLARE THAT:

- I have provided all information that is relevant in any way to this claim and the information provided is true and correct to the best of my knowledge;
- I understand that the claim may be declined if the information supplied is untrue; and
- A copy of this declaration shall be considered as effective and valid as the original and I specifically authorise its use as such.

I appoint Allianz Partners to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations and declarations set out in this form; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Allianz Partners in its absolute discretion considers relevant for its assessment of initial or ongoing benefits of my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my insurance claims' history; and
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit, including but not limited to financial institutions.

I authorise Allianz Partners to disclose my personal information to New Zealand and overseas recipients for the purposes of processing this claim as described in the Privacy Notice, including disclosing my personal information to recipients overseas that may not be required to protect my information in a way that provides comparable safeguards to those in the Privacy Act 2020.

**FRAUD** If any claim is in any respect fraudulent, or if any false declaration is made or false or incorrect information is used in support of any claim, then Allianz Partners can, at its sole discretion, not pay your claim and cancel your cover under the policy from the date that the incorrect statement or fraudulent claim was made to us. You can help by reporting insurance fraud by calling 0800 630 117.

**INTERNAL DISPUTE RESOLUTION** Disputes are not an everyday occurrence, however, Allianz Partners provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the external dispute resolution scheme provider.

**PRIVACY** By providing your personal information to us to process your claim (whether by yourself or through someone on your behalf), you agree and consent to the collection, use and disclosure of your personal information as set out in the Privacy Notice on the last page of this claim form or in the Privacy Policy at [www.allianzpartners.co.nz](http://www.allianzpartners.co.nz). You can seek access to and correct your personal information subject to the provisions of the Privacy Act 2020. You also acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those in the Privacy Act 2020. If you do not agree to the above or will not provide us with your personal information, we may not be able to process your claim.

**I have read, understood and agree to all the Declarations above.**

Signature of claimant:

Name of claimant:

Date: / /

## Privacy Notice

To arrange and manage your insurance and provide you with our services, we (in this Privacy Notice “we”, “our” and “us” means AWP Services New Zealand Limited trading as Allianz Partners of Level 3, 1 Byron Avenue, Takapuna, Auckland, and our agents) collect, store, use and disclose your personal information including sensitive information. We usually collect it directly from you but also from others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents). We are the “data controller” and are responsible for ensuring your personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, your name, address, date of birth, phone number, email address, medical information, passport details, bank account details, as well as other information we collect when you visit our website such as your IP address and online preferences.

Any personal information provided to us is used by us and our agents to evaluate and arrange your insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing, investigating claims and screening to comply with economic sanctions obligations. We may also collect, use and disclose it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with your consent or where authorised by law. We do not use sensitive information for marketing purposes or provide that information to any third parties for marketing.

You authorise us to disclose your personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including “cloud storage”) and data handling providers, transportation providers, legal and other professional advisers, your agents, broker and travelling companions, your travel group leader if you travel in a group, your employer if you have a corporate travel policy, your bank if you have bank credit card insurance, the Insurance Claims Register and our related and group companies and Hollard. Some of these third parties may be located in other countries including in Australia, Europe, Asia, Canada or the USA. We will use reasonable endeavours to ensure people we disclose your personal information to outside New Zealand are required to protect it in a way that provides comparable safeguards to those set out under New Zealand privacy law, such as via contractual data protection obligations, our group binding corporate rules or because they are subject to laws of another country with comparable protections. However, you acknowledge that sometimes overseas recipients of your personal information may not be required to protect it in a way that provides comparable safeguards to those provided under the New Zealand privacy law.

Where permitted by law or with your consent, we may contact you with offers of products or services (from us, our related companies, as well as offers from our business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, electronic messages (including email) online or via other means. You can withdraw your consent at any time if you no longer wish to receive marketing material or promotional offers from us or our related companies and business partners by calling our Contact Centre on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in our privacy notice or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims. We will not retain your personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to your personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and update your personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of your personal data in an electronic format for yourself or for someone you nominate. You may in some circumstances restrict the processing of your personal data, and request that it be deleted. Where your personal information is used or processed with your specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw your consent at any time. In cases where we cannot comply with your request concerning your personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authorised by their express consent or are otherwise permitted by law.

When you provide personal information to us about other individuals, we rely on you to have first obtained each of those individuals’ consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning your personal information or about our privacy policy, please contact: Privacy Officer, Allianz Partners, P.O. Box 33 313, Takapuna, Auckland 0740 or email us at [AzPNZ.Privacy@allianz-assistance.co.nz](mailto:AzPNZ.Privacy@allianz-assistance.co.nz). For urgent assistance please call our Contact Centre on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about our corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit our website at [www.allianzpartners.co.nz](http://www.allianzpartners.co.nz) and click on the Privacy Policy link.