



## Part 2: Domestic Medical and Dental

Please list each bill/receipt separately:

Name of doctor, dentist, pharmacy, hospital or provider	Date of treatment, consultation etc.	Amount charged (include currency)	Paid?
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### REQUIRED DOCUMENTATION FOR MEDICAL AND DENTAL CLAIMS

- Medical reports from the treating medical provider which confirm the diagnosis.
- All original invoices and receipts.

**Part 3: Amendment or cancellation costs**

Signature of Policyholder(s)

Date

  /   /  

Your policy covers you for amendment or cancellation, whichever is the less (subject to policy limits and the terms and conditions of the Policy Wording). Firstly you need to work out how much it would cost you to amend your journey (e.g. to travel at a later date) vs. the non-refundable amount you won't be able to get back if you cancel the journey. In most cases it is cheaper to amend your journey rather than cancel. If you have not made any changes to your travel yet as a result of a potential claim under this section, please phone us and we will guide you.

	Amendment costs	OR	Cancellation costs		
Travel arrangement			A. Amount paid	B. Amount refunded by supplier	Amount Claimable (A minus B)
Flights (excluding taxes)	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Flight taxes	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	Fully refundable by the airline	\$0
Hotels	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Packages	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other (i.e. car hire, rail passes, transfers etc.)	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total	\$ <input style="width: 100px;" type="text"/>		Total \$ <input style="width: 100px;" type="text"/>		

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)?

On what date did you cancel/amend your journey?   /   /

Can you travel on different dates?  Yes  No If No, please explain the reason why you have not amended the journey

**REQUIRED DOCUMENTATION FOR AMENDMENT AND CANCELLATION COST CLAIMS**

A copy of your original itemised invoice for your travel arrangements.

**If due to someone's health (medical condition, injury or death):**

Medical Certificate (page 4-5) completed by the usual medical practitioner.

Medical Authority (page 4) completed by the person whose state of health caused the claim or the Executor of the Estate.

Additionally, if the claim is due to someone's death you will need to provide a full copy of the Death Certificate (not an extract) that states the cause of death.

[Please note that you can obtain the travel information required below from your travel agent or supplier directly].

**Domestic flights documentation (for any domestic flights)**

• Air New Zealand: Identify what the specific conditions are for the Air New Zealand fare. e.g. "Seat+Bag", "Flexitime", etc and confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.

**Land arrangements documentation (for any land bookings)**

• We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.

• If the booking conditions do not specify exactly what cancellation fees apply (e.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much you are to be refunded.

## Part 4: Additional expenses, Travel delay and Missed Connections

Please complete this section if you are claiming for expenses incurred as a result of an unforeseen event.

E.g. Accommodation and transport expenses.

Please provide a full description of why the additional expenses were incurred.


Description of cost	Amount claimed	Description of cost	Amount claimed
1.		4.	
2.		5.	
3.		6.	

If the above event had not occurred, what were your original plans for this same time period?


Original plan	Cost	Original plan	Cost
1.		4.	
2.		5.	
3.		6.	

### REQUIRED DOCUMENTATION FOR ADDITIONAL EXPENSES CLAIMS

- All original invoices and receipts.
- If the claim is due to travel delay, you will need to supply a letter from the transport provider that confirms the length and reason for the delay as well as any compensation offered.

#### If caused by a medical condition:

- If the expenses were incurred due to someone's health, you will need to supply a medical report from the treating medical practitioner confirming the nature of the illness or injury that gave rise to your claim.
- Medical Certificate completed by your usual medical practitioner (pages 4-5) for claims due to a medical condition, illness or death (i.e. not an injury).
- Medical Authority completed by the patient whose health has caused the claim or the Executor of the Estate for claims due to a medical condition, illness or death (i.e. not an injury).
- If the expenses were incurred due to someone else's health (i.e. someone not on the policy), Medical Certificate (pages 4-5) will need to be completed by that person's usual medical practitioner and Medical Authority will need to be completed by that person.

## Part 5: Luggage and travel documents

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time (please attach a letter if more space required). If the items you are claiming for were with another person at the time of loss, please provide their full name and contact details, and please describe how they are known to you.


Were the Police or a responsible authority notified?  Yes  No Report Reference Number

If No, please explain why this policy requirement was not met.


Do you have a home and contents insurance policy?  Yes  No If Yes, please state:

Name of Insurer

Policy number



Have you submitted a claim with them yet?  Yes  No

If Yes, please provide your household insurance claim number:

(Where applicable) Have you submitted a claim with the transport provider responsible for causing the claim?  Yes  No

If No, there is a liability imposed on airlines by the 1999 Montreal Convention for costs associated with lost or delayed luggage so you should claim from them before submitting your claim to us. For other transport providers you also need to submit a claim directly to them in the first instance. Travel Insurance protects you against the amount the responsible transport provider is unable to compensate you for, subject to your policy conditions and limits.

If Yes, please give details and the claim reference number.

Have you received compensation from the airline or transport provider?  Yes  No

If Yes, what amount did you receive in compensation? Please make sure you attach written confirmation of this figure.

**WARNING: Unfortunately, fraudulent claims increase travel costs for all travellers. Cover-More has a dedicated team of fraud specialists that investigate all claims. Fraud includes claiming for items that you have never owned, claiming for items that were not lost or stolen, inflating the amount of your claim or providing false or misleading information about how the loss occurred. Lodging a claim that has been fabricated, inflated or overstated is a fraudulent act. All cases of fraud will be reported to the Police and can result in imprisonment.**

Full description of each item	Brand, model, number etc	Original purchase price & currency	Month & year of purchase	Place of purchase	Proof of ownership attached?	Have you replaced this item?	What amount are you claiming? (NZD\$)
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Total \$

### REQUIRED DOCUMENTATION FOR LUGGAGE AND MONEY CLAIMS

- Loss/theft/damage report e.g. Police report, hotel report, transport provider letter etc.
- For items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying.
- For electrical items e.g. cameras, computers, mobile phones, MP3 players, tablet computers etc., we require the receipts. If you no longer have the receipt please obtain a duplicate from the place of purchase.
- If you are claiming for a mobile phone (including smart phone) we require a letter from the mobile network service provider confirming the date your connection was barred and the mobile device blacklisted.
- For all other items, we require purchase receipts (or duplicates from the place of purchase). If you cannot obtain a duplicate receipt, we may consider a credit card/bank statement showing the purchase date and amount of the item.
- Damaged Items: Obtain from a repairer (of your choice) a quote stating the repair cost or a letter stating that the item is damaged beyond economical repair. If so, we may request the damaged item to be sent to us so please keep it.
- For items you have replaced already: Receipts for the replacement items. These may be stamped and returned to you if you request so in writing.

## Part 6: Rental Vehicle Insurance Excess

Date of incident

 /  / 

Time

 AM/PM

Location

Please advise how the accident/damage/theft occurred

  
  
  
  

Excess you were liable to pay

Repair costs

Amount you are claiming

Was there another party at fault?  Yes  No

If yes, please provide the name and address of the at fault party as well as their insurance details if known.

  

Did the police attend the scene?  Yes  No Have you received compensation from any person or party involved?  Yes  No

If yes, what amount did you receive in compensation?

Registration number of the at fault party vehicle

**Note:** If the cost of repairs was less than the excess charged, please contact the rental car company to obtain a refund of the difference.

### REQUIRED DOCUMENTATION FOR RENTAL CAR INSURANCE EXCESS CLAIMS

- The Rental Agreement/contract showing the excess you were liable to pay in the event of damage or theft.
- A copy of the itemised repair invoice/quote showing the cost of repairs to the vehicle.
- A copy of the documents showing the amount debited by the rental car company for the damages/excess.
- The report made to the police or other relevant authority.
- If another party was at fault, written confirmation from them of the compensation payable by them/their insurer.

**Submit your claim to Cover-More by:**

**Post:** Air New Zealand Claims, C/o Cover-More Claims Department PO Box 105 203, Auckland 1143

**Email:** claimsprocessing@covermore.co.nz

## Medical Authority (To be completed by the person who was ill/injured)

To be completed by the person whose state of health caused the claim (or their Parent/Guardian, Executor of the Estate or Power of Attorney if applicable). Details of the patient's usual doctor (of at least 12 months prior to the policy issue date).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental condition/s/injury/ies or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

Signature of patient/Executor/Power of Attorney Patient's name

Date of birth

		□□	/	□□	/	□□
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Signed date

Name of usual doctor or dentist in New Zealand

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Relationship to patient (if applicable)

Doctor's or dentist's phone number

Doctor's or dentist's email address (preferred contact method)

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Doctor's or dentist's postal address or fax number (only to be provided if email address is unavailable)

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## Medical Certificate (To be completed by the patient's usual doctor in New Zealand)

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health/medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact us.

**IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.**

**PLEASE INCLUDE ALL PATIENT DISCHARGE SUMMARIES**

1. Name of patient

2. Date of birth

	□□	/	□□	/	□□
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3. Are you the patient's usual G.P.?  Yes  No

a. If Yes, for how long?

b. If No, do you have access to their medical records?  Yes  No

From what date?

	□□	/	□□	/	□□
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4. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained?

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5. On what date did the patient first consult you in relation to this condition or symptoms of this condition?

□□	/	□□	/	□□
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6. Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question 4?  Yes  No

7. Prior to the policy issue date, was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition?  Yes  No If Yes, please give details and please provide details and include copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

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8. Did you advise the patient to take medication for this condition until the journey commenced?  Yes  No

9. Did you advise the patient to take medication for this condition whilst on the journey?  Yes  No

10. Was there any indication prior to travel that medical care might be required on the journey?  Yes  No

11. Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health leading to hospitalisation or death after this time.

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12. Please provide the following dates, where applicable.

a. Date of onset of illness/injury/death and/or date of deterioration/exacerbation

□□ / □□ / □□

b. Date tests prescribed

□□ / □□ / □□

c. Date tests carried out

□□ / □□ / □□

d. Date results advised to the patient

□□ / □□ / □□

e. Date referred to specialist/surgeon

□□ / □□ / □□

f. Date of death

□□ / □□ / □□

g. Name and address of specialist/surgeon

\_\_\_\_\_  
 \_\_\_\_\_

13. Date the patient was advised that they would not be able to travel.

□□ / □□ / □□

14. If due to pregnancy:

a. On what date was the pregnancy confirmed?

□□ / □□ / □□

b. How many weeks pregnant was the person on this date?

\_\_\_\_\_

c. Was the conception medically assisted?  Yes  No

d. Have there been previous complications with this or any other pregnancy?  Yes  No

15. Was the patient on a waiting list for hospital?  Yes  No If Yes, please give details.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Was the patient hospitalised?

Yes  No

If Yes, please provide admission date □□ / □□ / □□

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

Doctor's signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name

\_\_\_\_\_

Date

□□ / □□ / □□

Qualification

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email address, fax number or postal address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_