

Uni-Care Claim Form



Please complete clearly in English

Policy Holder Details

Given Name: _____ Family Name: _____

Date of Birth: *dd / mm / yyyy* _____ Your Policy Number: _____

Email: _____

Telephone: _____ Mobile: _____

Name of Education Provider (if applicable): _____

Claim Payment (Please complete details of New Zealand Bank Account)

Name of Account Holder: _____

Account Number: - - - **Please note: Do not enter credit card details**

Bank Branch Account Number Suffix

Claim Details (Please complete for the sections you are claiming for)

What policy sections are you claiming under: Medical Luggage Other

• MEDICAL & RELATED EXPENSES (Section 1 of Policy Wording)

Describe the illness or injury you are claiming for and the treatment you have received:

Date of Medical Consultation: *dd / mm / yyyy* Cost Claimed: \$ Pay Policy Holder Pay Medical Provider

When was the medical condition first treated? *dd / mm / yyyy* When was the medical condition last treated? *dd / mm / yyyy*

If this is an optical claim, were you wearing optical aids when you first came to New Zealand? Yes No

• LUGGAGE - PERSONAL EFFECTS ETC. (Section 2 of Policy Wording)

Date of Loss, Damage or Theft: *dd / mm / yyyy* Country & Location of loss: _____

Description of what happened: _____

Description of property lost/damage/stolen (please use a separate sheet of paper if necessary)

Describe Property:	Where item purchased:	Date purchased:	Purchase price:	Replacement cost:	*Proof of ownership attached	
1.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No
2.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No
3.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No
4.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No
5.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No
6.		<i>dd / mm / yyyy</i>	\$	\$	<input type="radio"/> Yes	<input type="radio"/> No

Important: If the loss is due to theft or burglary, a police complaint acknowledgement form must be provided

***Please supply proof of ownership for all claimed items such as receipts, manuals or credit statements. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.**

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• **OTHER CLAIM CATEGORIES** (Section 3-7 of Policy Wording)

What are you claiming for? When did it happen? dd / mm / yyyy

Where did it happen? Cost Claimed: \$

Description of what happened:

Declaration

I/We declare that:

1. to the best of my/our knowledge, all information provided on this claim form is accurate in every respect.
2. the amount claimed is NOT covered by another insurance policy, health or medical scheme.
3. I have read and understood, and consent to the privacy statement below.

Privacy Act

I/we consent to Chartis Insurance New Zealand Limited in accordance with the Privacy Act 1993:

1. collecting holding and using personal information including information by audio, photographic or video surveillance, provided for purpose of administering a claim including investigating, assessing and paying any claim made by me or on my behalf;
2. disclosing personal information submitted to a related Chartis company, their staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.

Information is provided voluntarily however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act. Further information about this or making a privacy complaint can be obtained by emailing: privacy.officerNZ@chartisinsurance.com

Note: A photocopy of this authorisation shall be considered as effective and valid as the original.

I/we consent to Chartis' assistance provider, Travel Guard™, recording all calls to the assistance service provided under the Travel Insurance for quality assurance, training and verification purposes.

Signature

Date

Sending this Form

We require original receipts, invoices and estimates to be provided in support of this claim. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.

Post, fax or scan & email your claims and original receipts to:



Uni-Care Claims Service, Crombie Lockwood (NZ) Limited, P.O. Box 496, Wellington, New Zealand.



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