



# TRAVEL CLAIM FORM

CLAIM / CUSTOMER REF.

REGIONAL OFFICE/SERVICE CENTRE

THE PRIVACY ACT 1993 REQUIRES US TO INFORM YOU ABOUT CERTAIN RIGHTS AND OBLIGATIONS RELATING TO THE INFORMATION WHICH WE COLLECT ON THIS FORM. THEY ARE IN THE DECLARATION AT THE END OF THE FORM. WE RECOMMEND THAT YOU READ THE DECLARATION BEFORE CONTINUING.

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED.

## IMPORTANT

*Please read before completing this form.*

Many of the fraudulent claims we receive are made as  
Travel claims.

This usually has the result of increasing premiums and raising excesses.  
Rather than penalising you – our honest and loyal clients whose support we  
value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated,  
the total claim will be declined.

We will be carefully monitoring all claim information with the aim of  
paying genuine claims quickly, stopping expensive fraudulent claims and keeping your  
premiums down.

*Thank you for your co-operation.*

INSURED'S  
FULL NAME(S)  
Mr/Mrs/Miss/Ms

DATE(S) OF BIRTH

TELEPHONE

DAY

NIGHT

POSTAL ADDRESS

POST CODE

WHAT HAPPENED?  
PLEASE COMPLETE THIS SECTION FOR ALL CLAIMS

Where did the accident/loss/illness happen?.....

Country..... Date it happened ...../...../.....

What happened? (give full and precise details) .....

.....  
.....  
.....  
.....  
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.....  
.....  
.....

Please  Appropriate Box

Was another party responsible?.....  YES  NO

If YES, who? Name: .....

Address..... Phone: .....

In the last five years have you;

- had any insurance declined or cancelled?.....  YES  NO

- been charged with or convicted of any criminal offence (other than parking)?.....  YES  NO

If YES, full details please .....

.....  
.....

BAGGAGE CLAIM

Are you the sole owner of the property?.....  YES  NO

If the loss was theft or burglary were the Police advised?.....  YES  NO

If YES, where and when? (Please attach report, acknowledgement form etc.).....

Have you made a claim against any airline or carrier responsible for your loss?.....  YES  NO

If YES, who? .....

MEDICAL EXPENSES

(i.e. cost incurred for any illness or injury)

**Please list all expenses claimed for on the opposite page of this form and attach accounts and/or receipts.**

Was this a pre-existing condition (i.e. an illness you have had before) or for which you are taking medication?.....  YES  NO

If YES, where and when were you last treated by a doctor for this? .....

If this Insurance was accepted with pre-existing conditions, please state Authority No. here please .....

Please advise the name and address of your regular doctor .....

.....  
.....

Australian Medicare

If your Accident/Illness happened in Australia, did you register for Medicare?.....  YES  NO

TO BE SIGNED FOR ALL MEDICAL EXPENSES CLAIMS.

The Company at its discretion, may obtain a Medical Certificate from a duly qualified medical practitioner in order to substantiate any claim made and by signing this form, I hereby authorise the Company to obtain such medical report at the Company's expense.

Date...../...../.....

Signature .....



If any part of our/my claim is settled on a cash basis, I/we authorise Tower Insurance to :

- Draw the cheque in favour of.....
- Bank the money into the following bank account .....

To be signed by all named Insureds' .....

# DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

Please Tick

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The property and/or expenses claimed are correctly described in this form and were incurred, lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party including the insurance claims register administered by the Insurance Council of New Zealand and to release information relating to this claim to other parties including the Insurance Council of New Zealand for the purpose of inclusion in the insurance claims register.

I/We authorise Tower Insurance to obtain if required a copy of the police report from the New Zealand Police relating to this claim.

Exceptions to this Declaration:

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Insured's Signature.....

Witness Signature .....

Date ...../...../.....

Date ...../...../.....

Insured's Signature.....

Witness Signature .....

Date ...../...../.....

Date ...../...../.....