# **TOWER Travel Claim Form**



Claim/customer reference

#### 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 to TOWER, PO Box 90347, Victoria Street West, Auckland 1142.

# 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.

### 1.0 Insured's details

1.1 Persona	l details					
Title	⊖ Mr	⊖ Mrs	⊖ Ms	⊖ Miss	🔿 Dr	○ Other:
Surname						
First name(s)						
Date of birth						
Contact detai	ls					
Home phone	(	)				
Work phone	(	)				
Mobile	(	)				
Fax	(	)				
Email						
Address						
Street no./Nan	ne					
Suburb						
Town/City						
Postcode						



2.0	What happened? (please complete t	his section for	r all claims)						
(a)	Where did the accident/loss/illness happen?								
(a)	Date it happened								
	Time it happened								
(b)									
(10)									
(C)	Was another party responsible?	) Yes () No							
( )		Vame							
		Address							
	F	Phone							
2.0	Rogango claim								
3.0	Baggage claim								
(a)	Are you the sole owner of the property?	⊖ Yes ⊖ N	lo						
	If the loss was theft or burglary, were the Police advised?		lo						
	If yes, where and when? (please attach report acknowledgement form etc)	., ,							
(C)	Have you made a claim against any airline or carrier responsible for your loss?		lo						
	If yes, who?								
(d)	List baggage property claimed		1	1					
	Full description of property lost, damaged or of (including Serial No. and/or identifying marks)	destroyed	How old was the item? (months)	Present purchase price \$	Repair cost \$				

4.0	Medical	expenses	(i.e.	cost	incurred fc	or any	' illness	or injury)	
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### Please list all expenses claimed for in Section 5.0 of this form below and attach accounts and/or receipts

(a)	Was this related to a pre-existing condition (e.g. an illness you have had before or for which you are taking medication)?	⊖ Yes ⊖ No
(b)	If yes, where and when were you last treated by a doctor for this?	
(C)	If this policy was accepted with pre-existing conditions, please state Authority No. here	
(d)	Please advise the name and address of your regular doctor	

# To be signed for all medical expenses claims

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 TOWER Insurance to obtain such medical report at the Company's expense. I also authorise TOWER Insurance to obtain copies of my medical records where it considers them relevant to my claim.							
Date Signature							

# 5.0 Other expenses or medical expenses claimed (please attach accounts or receipts)

Account received from	Date account incurred	Amount and currency	Amount \$ NZ	Paid
				🔿 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
				🔿 Yes 🔿 No

If any part of our/my claim is settled on a cash basis, I/we authorise TC	OWE	R In	sura	ance	to:					
Bank the money into the following bank account										

# 6.0 Declaration – please read this carefully before signing

In the last five years have you:	
1) had any insurance declined and/or cancelled?	⊖ Yes ⊖ No
2) been charged with or convicted of any criminal offence (other than parking)?	⊖ Yes ⊖ No
If yes, give full details please	

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

I/We declare that:

•	All the statements in this claim form and any additional schedules are correct	$\bigcirc$ Yes	$\bigcirc$ No
	The property and/or expenses claimed are correctly described in this form and were incurred, lost, stolen or damaged under the circumstances described overleaf	⊖ Yes	⊖ No
	I/We have told TOWER Insurance everything relevant to this claim	⊖ Yes	⊖ No

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.

Further details to this declaration

To be signed by all named insured	ds		
Insured's full name	Date	Signature	