

Credit Card Travel Insurance

Claim Form



IMPORTANT INFORMATION ABOUT THIS FORM

- If emailing, please submit to NZTravelClaims@aig.com.
- Please read this form carefully and complete each question within each section you are claiming under unless you are prompted otherwise.
- In every case you will need to complete section A (your details) and section I (declaration) of this form to allow us to assess your claim.
- You will need to supply confirmation that you have met the eligibility requirements of the policy, including confirmed flight bookings and a copy of your credit card statement showing you have purchased pre paid travel expenses using your card.
- The evidence we require to support your claim is detailed under the relevant sections. Failure to provide this documentation may result in delays in assessing your claim. Please note these are not exhaustive lists and we may require additional information to assess your claim. Please include any information you think is relevant to your claim.
- Use a dark pen to complete this form and write in block letters.
- This claim form and supporting documentation can be mailed, emailed or faxed to us. You should keep a copy of any documentation for your records
- We reserve the right to request original receipts, reports or other documentation to substantiate your claim.
- Your supporting documents should be supplied in English. We may require any documents in a foreign language to be translated to English and
 any costs associated with this will be at your expense.
- If you incurred expenses in a foreign currency please note the currency in the amount claimed under the relevant section. We will convert any
 amounts incurred in foreign currencies to New Zealand dollars using the rate of exchange current at the date and time the expense was incurred.
- If you, or any person included in your claim, provide any information, in support of your claim which is false or deliberately misleading, AIG reserves the right to decline your claim in part or in full.

Please tick the applicable box(es) showing which section(s) of the policy you are claiming under. In addition sections A and I must be completed in order for us to assess your claim.

| Section A | Your details (Must be completed) |
|-----------|--|
| Section B | Overseas medical, hospital and dental expenses |
| Section C | Cancellation charges/loss of deposits |
| Section D | Additional expenses |
| Section E | Luggage and personal effects |
| Section F | Delayed luggage |
| Section G | Rental vehicle excess |
| Section H | Other |
| Section I | Declaration (Must be completed) |

AIG requires the following payment details, should your claim be accepted.

| Payment Option 1: Direct credit to NZ bank a | account. Please complete bank details an | nd account number below | OFFICE USE |
|--|--|--|------------------|
| Bank Branch | Account | Suffix | Bank a/c checked |
| Bank Account details | Branch | Country | |
| Email: Broker/Payee | | | |
| Payee Name | I agree the above b | bank details belong to the named payee | |



SECTION A – YOUR DETAILS

| W | hat are the first six di | gits of your credit card t | nis policy relates to? | | | | |
|--------------|--|--|--|------------------|----------------|-------|-------|
| | | eg. Gold, Platinum, Airp | | | | | |
| | Merchant (eg. Visa) | · · | Card type (eg. Gold) | | | | |
| | ho is the issuing bank | | | | | | |
| | _ | | harged to this card? If nil state 'nil | <u>'</u> | \$ | | |
| | | rge pre-paid travel expe | • | | | | |
| | | led travel departure date | | | | | |
| | • | led travel return date? | | | | | |
| | • | | ns, eg. pre-existing medical condi | ition cover? | , | Yes | No |
| | | ease go to A10, otherwis | | | | | . , , |
| | | Number for the option | | | | | |
| | · | · | | | | | |
| | hat is the Claimants (| · · · | | | | | |
| | tle | First name | | | | | |
| | hat is your date of bi | rīn 🤅 | | | | | |
| | hat is your address? | | | | | | |
| | treet address own / Country | | | | | | |
| | | 1.10 | | | | | |
| | nat are your contact | | AZ I I | AA 1 1 | | | |
| | | | Work phone | Mobile | | | |
| W | nat is your occupatio | n\$ | | | | | |
| | | surance claims in the last case go to A17, otherwis | | | | Yes | No |
| W | hat are the details of | those claims? | | | | | |
| | Name of insurer | Policy type | Description of loss | Date of claim | Amount claimed | Was o | |
| | | | | / / | \$ | Yes / | No |
| | | | | / / | \$ | Yes / | |
| | | | | / / | \$ | Yes / | |
| | | | | / / | \$ | Yes / | |
| | | | | / / | \$ | Yes / | No |
| | | | | Total | \$ | | |
| or . If y | Act of Parliament (involves of Parliament) | cluding ACC) that may c ease complete A19. | ance policy, medical or health sc Ilso cover your loss? | heme | Yε | es | No |
| If y | | ease complete A19. | also cover your loss? | | | | |



SECTION B – OVERSEAS MEDICAL, HOSPITAL OR DENTAL EXPENSES

Complete this section if you have incurred medical expenses resulting from an injury or sickness, or if you were hospitalised, or if you suffered a dental injury whilst you were overseas. You will also need to complete section C and/or section D of this form if you had to come home early or incur additional expenses due to your injury, sickness or hospitalisation.

| laims e | evidence we require under this section | | | | | |
|---------------------|---|-----------------------|---|--|-------------------|--|
| | Medical reports detailing the injury or sick | eness and any treatm | nent vou had. | | | |
| | If you were hospitalised, your discharge s | | , | | | |
| | Bills or receipts for any costs you are clain | | | | | |
| | bills of receipts for any costs you are claim | iiig ioi. | | | | |
| B1. | What happened to give rise to your claim for | · injury or sickness? | | | | |
| D.O. |) | | | | | |
| B2. | Where were you when you suffered injury or | sickness? | | | | |
| | Location Country | | | | | |
| B3. | Have you ever suffered from the same or sim If you selected 'yes' please go to B4, otherw What previous injury or sickness did you suff | rise go to B5. | s in the past? | | | Yes No |
| | , , , , | | Data a lata alu | Δ | 11 | |
| | Detail of injury or sickness suffered in the past | Date of diagnosis | Date you last sought medical attention for this condition | Are you on regul medication this condit | ar ex | ave you had a pre xisting approval for this condition? |
| | | / / | / / | Yes / No | 0 | Yes / No |
| | | / / | / / | Yes / No | | Yes / No |
| | | / / | / / | Yes / No | | Yes / No |
| | | / / | / / | Yes / No | | Yes / No |
| | | / / | / / | Yes / No | | Yes / No |
| B6. | Phone number When did the injury happen, or for sickness v | | | | | |
| B <i>7</i> . B8. | When did you first seek medical or dental att Who did you seek medical attention from? | ention for the injury | or sickness? | | | |
| | Name / Practice | | | | | |
| | Address Phone number | | | | | |
| В9. | Were you hospitalised overseas following the If you selected 'yes' please go to B10 others | | | | | Yes No |
| B10. | Where were you hospitalised? | | | | | |
| | Hospital name | | | | | |
| | Address | | | | | |
| | | | | | | |
| B11. | When were you admitted to hospital? | | | AM | PM | |
| B12. | When were you discharged from hospital? | | : | AM | PM | |
| B13. | Did you contact AIG's assistance provider to If you selected 'yes' please go to B14 otherw | | oitalisation? | | | Yes No |
| B14. | When was AIG's assistance provider advised | | | | | |
| B15. | What costs are you claiming for? Please list e currency rate applicable at the date and time | | | nverted to Nev | w Zealand | dollars using the |
| | Name of treatment Location provider | Treatment | provided | Date of eatment | Amount claimed | Have you paid for this treatment? |
| | | | / | , | \$ | Yes / No |
| | | | / | , | \$ \$ | Yes / No Yes / No |
| | | | / | | \$ \$ | Yes / No |
| | | | / | / | * | V / N |

Total



SECTION C - CANCELLATION CHARGES / LOSS OF DEPOSITS

Complete this section if you have incurred out of pocket expenses for non-refundable travel deposits paid in advance by you, resulting from cancellation or curtailment of all or part of your travel itinerary. You will also need to complete section D of this form if you incurred additional expenses as a result of the same event which required you to cancel or curtail your journey.

Claims evidence we require under this section

| | .,. | 1 1 . | 1 1 | 1 | | | | | 1 | |
|---------------|---------------|---------------|------------|---------------|------|---------|--------------|-------------|----------|----------|
| Your original | itinerary inc | illidina term | s and cond | itions issued | hv 1 | the rel | evant travel | or accommod | lation n | roviders |
| | | | | | | | | | | |

Proof of your payment for pre-paid expenses.

A statement or letter from your travel or accommodation providers showing the date they were advised of the cancellation and any refunds given.

If travel was cancelled by a travel or accommodation provider - letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.

A death certificate if additional expenses were incurred due to a death or a medical certificate if additional expenses were incurred due to a medical event.

- C1. What best describes your need to cancel your journey?
 - An injury or sickness happening to you. Go to C7.
 - A death, injury or sickness of another person. Go to C2.
 - Another event outside your control. Go to C7.

| C2. | What is the oth | er persons full nan | ne? |
|-----|-----------------|---------------------|-----|
| | | | |

| | Title | First name | | | |
|-----|------------------|--|--------------------------------|-----|----|
| C3. | What is their do | ate of birth? | | | |
| C4. | What is their us | ual address? | | | |
| | Street address | | | | |
| | Town / Countr | | | | |
| C5. | What is their re | lationship to you? | | | |
| C6. | Had this person | n ever suffered from the same or similar in | njury or sickness in the past? | Yes | No |
| C7. | What was the o | date of the event that led to the cancellation | on of your journey? | | |
| C8. | What happene | d that led to cancellation of your journey | ś | | |
| | | | | | |
| | | | | | |
| | | | | | |

C9. What deposits you are claiming?

| Pre-paid expense item | Name of travel or accommodation provider | Date deposit was booked/ paid | Date you advised provider of cancellation | Amount Paid (A) | Refund due or received (B) | Amount Claimed (Equals A–B) |
|--------------------------|--|----------------------------------|---|--------------------|----------------------------------|-----------------------------------|
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ |
| | | | Totals | \$ | \$ | \$ |

| C10. | If you have not applied for refunds against all of your travel providers, why not? |
|------|--|
| | |
| | |



SECTION D - ADDITIONAL EXPENSES

Complete this section if you incurred expenses during your journey over and above costs which you had budgeted to pay as part of your original travel itinerary due to the happening of an event outside your control. Note costs which you had budgeted to pay include the cost of meals where you would have paid for those meals in any case had the reason for your claim not occurred.

Claims evidence we require under this section

| iaims e | evidence we require under this section | | | | | |
|---------|---|-------------------------------------|-------------------------------|--|---|-----|
| | Your original itinerary. | | | | | |
| | Proof of your payment for pre-paid expe | nses. | | | | |
| | Receipts for your payment of additional e | expenses. | | | | |
| | If additional expenses were incurred due circumstances of the event and any comp | | commodation provid | der – letter from th | em explaining t | he |
| | A death certificate if additional expenses to a medical event. | | dical certificate if ac | lditional expenses | were incurred | due |
| D1. | Are you also claiming under the cancellatio incurring additional expenses? If you selected 'yes' please go to D2 otherw | | to you | Y | 'es No | • |
| D2. | What best describes your need to incur add | itional expenses? | | | | |
| | An injury or sickness happening to | you. Go to D8. | | | | |
| | A death, injury or sickness of anot | | | | | |
| | Another event outside your control | | | | | |
| D3. | What is the other persons full name? | | | | | |
| 20. | Title First name | | | | | |
| D4. | What is their date of birth? | | | | | |
| D5. | What is their usual address? | | | | | |
| | Street address | | | | | |
| | Town / Country | | | | | |
| D6. | What is their relationship to you? | | | | | |
| D9. | What was the date of the event that led to y What happened that led to you incurring ac | | | | | |
| D10. | Have you received compensation from any If you selected 'yes' please go to D11 other | | | Y | es No | |
| D11. | What compensation did you receive? | | | | | |
| | | | | | | |
| D12. | Were you required to return to New Zealan If you selected 'yes' please go to D13 other | | | Y | es No | |
| | When did you return to New Zealand? | | | | | |
| | Did you hold a return travel ticket for your jo | ourney before you left New Zealand? | | Y | es No | |
| D 15. | What additional expenses did you incur? | | | | | |
| | Description of expense | Name of carrier/provider | Date the expense was incurred | Amount incurred (state currency) | Was the expense budgeted in original itinerary? | |
| | | | / / | \$ | Yes / No | |
| | | | / / | \$ | Yes / No Yes / No | |
| | | | / / | \$ | Yes / No | |
| | | | / / | \$ | Yes / No | |
| | | | / / | \$ | Yes / No | |
| | | | Total | \$ | | |



SECTION E - LUGGAGE AND PERSONAL EFFECTS

Complete this section if your accompanied baggage items were lost or damaged overseas. Note if you are also claiming for delayed baggage under section F of this form, any amounts we pay for lost or damaged property will be reduced by the amounts that AIG paid or AIG pay under section F.

| _ | | • • | | | | | . 1 • | |
|---|-------|-----------|------|---------|------|----|-------|---------|
| (| laime | evidence | WA | require | und | er | thic | Section |
| · | | CTIGCTICC | ** C | require | Ullu | Ç. | 11113 | 3001101 |

| | Proof of ownership and value for the items being claime A police report, property irregularity report or a report | | provider, hote | or approp | riate authori | ty explainir | ng your loss |
|-------------------|---|------------------|----------------|-------------|---------------|--------------|--------------|
| E1. | How did the loss or damage occur? (detail each event) | | | | | | |
| E2. E3. | When did the loss or damage occur? Where did the loss or damage occur? | | | AM | PM | | |
| | Location Country | | | | | | |
| E4. E5. E6. | Were you with the items when the loss or damage occurred. When did you become aware of the loss or damage? Where were you when you became aware of the loss or damage? | | | AM | PM | Yes / | No |
| | Location Country | | | | | | |
| E7. E8. | When did you report the loss or damage? Who did you report the loss or damage to? | | | AM | PM | | |
| | Authority name Location | | | | | | |
| E9. | What action was taken to recover lost items? | | | | | | |
| E10. | Were the lost or damaged items owned by you? If you selected 'no' please go to E11 otherwise go to E12. Who owns the items? | | | | | Yes | No |
| | | | | | | | |
| E12. E13. | Were the items lost or damaged by carrier (e.g. airline)? Have you lodged a claim or complaint against any carrier or against any individual responsible for the loss or damage. If you selected 'yes' please go to E14 otherwise go to E15 | ge to the items? | authority, | | | Yes Yes | No No |
| E14. | Who have you claimed against? (please attach copies of NOTE: The 1999 Montreal Convention imposes a liability | | you should cla | im from the | m first. | | |
| | Carrier | Date claimed | | Claim/r | eference nui | mber | |
| | | / / | | | | | |
| | | | | | | | |
| | | | | | | | |

| F15 | What items are we | ou claiming for | Plagra nota the | at haaaaaa alaim | s are subject to dep | reciption |
|------|--------------------|-----------------|-----------------|------------------|----------------------|-------------|
| EIJ. | vvnar items are yo | ou claiming for | riease note inc | ar baggage ciaim | s are subject to aep | preciation. |

| Item description | Place of purchase | Purchase date | Purchase price | Amount claimed | Proof of purchase |
|------------------|-------------------|------------------|-------------------|----------------|-------------------|
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | | \$ | \$ | Yes / No |
| | | Totals | \$ | \$ | |



SECTION F - DELAYED LUGGAGE

Complete this section if you have incurred out of pocket expenses for the replacement of essential items such as toiletries because your luggage was delayed by a carrier. Note if your luggage was not returned to you, any amounts you claim under Section E of this form for lost luggage will be reduced by the amounts you claim for here.

Claims evidence we require under this section

| Ticket and baggage tags from the carrier who caused your luggage to be delayed. F1. Who was the carrier who delayed your luggage? F2. Did you receive compensation from the carrier for the delay? If you selected 'yes' please go to F3 otherwise go to F4. F3. What compensation did you receive? F4. Where was your luggage delayed? Location Country F5. What was your arrival date and time at this location? AM PM | | Property irregularity report from the | ne carrier and confirmation | on of any compe | nsation pa | id to you. | | | |
|--|----|---------------------------------------|-----------------------------|-------------------|------------|-------------|------------|-------------|--|
| F1. Who was the carrier who delayed your luggage? F2. Did you receive compensation from the carrier for the delay? If you selected 'yes' please go to F3 otherwise go to F4. F3. What compensation did you receive? F4. Where was your luggage delayed? Location Country F5. What was your arrival date and time at this location? Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. When was your luggage returned? What essential items did you need to purchase following the delay? Description of essential items did you need to purchased for purchase purchase purchase purchased Description of essential items was purchased | | | | , , | · | , , , , , , | | | |
| F2. Did you receive compensation from the carrier for the delay? If you selected 'yes' please go to F3 otherwise go to F4. What compensation did you receive? F4. Where was your luggage delayed? Location Country F5. What was your arrival date and time at this location? Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. When was your luggage returned? What essential items did you need to purchase following the delay? Description of essential items did you need to purchase following the delay? Description of essential items was purchased Description of essential Traveller item was purchase Time of purchase Price paid (state currency) Item was purchased Items purch | | ricker and baggage lags from the | currier who caused your | i loggage lo be l | delayed. | | | | |
| If you selected 'yes' please go to F3 otherwise go to F4. What compensation did you receive? Where was your luggage delayed? Location Country The selected 'yes' please go to F7 otherwise go to F8. When was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. When was your luggage returned? What essential items did you need to purchase following the delay? Description of essential items did you need to purchase following the delay? Description of essential purchased Traveller item was purchase | 1. | Who was the carrier who delayed yo | our luggage? | | | | | | |
| If you selected 'yes' please go to F3 otherwise go to F4. What compensation did you receive? Where was your luggage delayed? Location Country What was your arrival date and time at this location? Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. When was your luggage returned? What essential items did you need to purchase following the delay? Description of essential items did you need to purchased for purchase Description of essential items purchased Traveller item was purchased Traveller item was purchased AM PM \$ | | | | | | | | | |
| If you selected 'yes' please go to F3 otherwise go to F4. What compensation did you receive? 4. Where was your luggage delayed? Location Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items did you need to purchase following the delay? Description of essential items purchased Description of essential items purchased Traveller item was purchase Time of purchase Price paid (state currency) item was purchased AM PM \$ | | | | | | | | | |
| 4. Where was your luggage delayed? Location Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase Date of purchase Time of purchase Price paid (state currency) Store where item was purchased | 2. | | | | | | | Yes No | |
| Location Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase purchase purchase (state currency) item was purchased | 3. | What compensation did you receive | ş | | | | | | |
| Location Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase purchase purchase (state currency) item was purchased | | | | | | | | | |
| Location Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase purchase purchase (state currency) item was purchased | | | | | | | | | |
| Country 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items burchased Traveller item was purchase Date of purchase Time of purchase (state currency) item was purchased // : AM PM \$ // : AM PM \$ // : AM PM \$ | 4. | Where was your luggage delayed? | | | | | | | |
| 5. What was your arrival date and time at this location? 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase Date of purchase Time of purchase (state currency) item was purchased // : AM PM \$ // : AM PM \$ // : AM PM \$ | | | | | | | | | |
| 6. Was your luggage returned to you? If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased Traveller item was purchase purchase purchase (state currency) item was purchased AM PM \$ | | | | | | | | | |
| If you selected 'yes' please go to F7 otherwise go to F8. 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased purchased for purchase purchase Time of purchase Time of purchase Store where item was purchased Store where item was purchased AM PM \$ AM PM \$ AM PM PM \$ AM PM PM \$ AM PM | 5. | What was your arrival date and time | at this location? | | | AM | PM | | |
| 7. When was your luggage returned? 8. What essential items did you need to purchase following the delay? Description of essential items purchased for purchase purchase purchase for purchase purchase purchase purchase purchase purchase purchased AM PM S | 6. | | otherwise go to F8. | | | | | Yes No | |
| Description of essential items purchased purchased for purchase purchase purchase Price paid (state currency) item was purchased purchased purchased purchased | 7. | | - | | | AM | PM | | |
| items purchased purchased for purchase purchase (state currency) item was purchased // : AM PM \$ | 3. | What essential items did you need to | purchase following the a | delay? | | | | | |
| items purchased purchased for purchase purchase (state currency) item was purchased // : AM PM \$ | | | | | | | | | |
| items purchased purchased for purchase purchase (state currency) item was purchased // : AM PM \$ | | Description of assential | Traveller item was | Date of | - | Time of | Price paid | Store where | |
| / / : AM PM \$ | | | | | | | | | |
| / / : AM PM \$ | | | | • | | | , | purchased | |
| / / : AM PM \$ | | | | | : | AM P | M \$ | | |
| / / : AM PM \$ // : AM PM \$ | | | | | : | | | | |
| / / : AM PM \$ | | | | | | AM P | | | |
| 7 / 7 | | | | | • | A | A 4 dt | | |
| | | | | | : | | | | |



SECTION G - RENTAL VEHICLE EXCESS

Complete this section if you have incurred legal liability to pay an excess or deductible under a rental vehicle hiring agreement for loss or damage to a rental car you hired during your journey.

Claims evidence we require under this section.

| G11. Did the police attend the accident? Was there another vehicle involved in the accident? If you selected 'yes' please go to G13 otherwise go to G16. G13. Who was driving the other vehicle? Title First name Surname Address Country Phone number Email G14. What was the make and model of the other vehicle? Make Model G15. Who is the insurer of the other vehicle? Company name Location / Country G16. What were the total repair costs for the rental vehicle? G17. What excess were you liable to pay under your rental agreement? G18. What were the circumstances that led to the accident? Please provide as much detail as possible. | | V | | | |
|--|-----|---|--------------|-----|----|
| A statement from the rental organisation showing the amount you were liable to pay. The repair invoice for the damage to the rental car. G1. Who was the rental vehicle hired from? Extend organisation around Address Country Prime markets G2. Who was the rental organisation issued to? Title What was the make and model of the rental vehicle? Make Media G4. When did the rental period start? Men did the rental period start? Men did the rental period start? Men did the accident giving rise to your loss happen? Location Country G8. What was the make and model of the rental vehicle or when the accident happened? When did the rental period and? Who was driving or who was in control of the rental vehicle when the accident happened? G9. Who was driving or who was in control of the rental vehicle when the accident happened? Final name G10. Do you consider yourself liable for the loss or damage to the rental vehicle? Yes G11. Did the police attend the accident? If you selected 'yes' please go to G13 otherwise go to G16. The police attend the accident? If you selected 'yes' please go to G13 otherwise go to G16. The police attend the accident? Who was driving the other vehicle? Make G14. What was the make and model of the other vehicle? Makes G15. Whot was the make and model of the rental vehicle? Makes G16. What was the make and model of the other vehicle? Makes G17. What was the make and model of the rental vehicle? Makes G18. What was the make and model of the rental vehicle? Makes G19. What was the make and model of the other vehicle? Makes G19. What was the make and model of the other vehicle? Makes G19. What was the make and model of the other vehicle? Makes G19. What was the make and model of the tental vehicle? Surrounce Makes G19. What was the make and model of the occident? Please provide as much detail as possible. | | | y waivers. | | |
| The repair invoice for the damage to the rental car. G1. Who was the rental vehicle hired from? Protect argumentation manner Address Addres | | | V | | |
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SECTION H - OTHER

Complete this section if you have incurred a loss which is not detailed elsewhere on the Claim Form. You will need to state the Policy Section under which you believe you have a claim and provide full particulars of the loss, including relevant dates and amounts that have been paid by you.

Claims evidence we require under this section

| | Any additional information such as reports from authorities which support your claim. | |
|-----|---|-----|
| H1. | Which policy section(s) describes your loss? | |
| | | |
| H2. | What was the event date giving rise to your loss? | / / |
| H3. | How much are you claiming for? | \$ |
| H4. | What are the circumstances of your loss? Please provide as much detail as possible. | |
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SECTION I – DECLARATION

| You Must S | ign Below |
|------------------------------|---|
| I/we (print | name/s) |
| a claim. I/v ('AIG') with | t the above answers and those contained in any attachments are true and note that the Insurer may rely on such answers in determining we have not concealed any material fact relating to this circumstance. I/we undertake to provide AIG Insurance New Zealand Limited a assistance in dealing with this matter and understand that failure to co-operate with AIG and to provide all information relevant to the see may result in my/our claim being denied. |
| AUTHOR | ITY: |
| other profes | rise any person or entity (including any hospital, physician or other person who has attended me, my employer, my accountant and ssional advisers, financial institutions including banks and insurers, government departments including Inland Revenue, nications and internet service providers, airlines, hotels, shipping agents, and/or travel agents) to furnish AIG or its representatives with: |
| l. copi | es of hospital and medical reports/notes which AIG considers relevant to the claim; |
| | mation pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment) h AIG considers relevant to the claim; and |
| | es of any other documents or records considered by AIG to be relevant to the claim and which may include copies nployment records, income tax returns and bank statements. |
| I/we agree use as such | that a photocopy of this authorisation shall be considered as effective and valid as the original and authorise its |
| UNTRUE | / FALSE INFORMATION: |
| I am/we ar part or in fu | |
| ICR (Insurar | nce Claim Register Limited): |
| | that AIG may obtain information from, or provide information to the ICR that is relevant to this claim, your aims or future claims. This may include personal information about you and your claim. |
| PRIVACY: | |
| I/we conse | ent to AIG in accordance with the Privacy Act 2020: |
| purp | ecting holding and using personal information including information by audio, photographic or video surveillance, provided for the cose of administering a claim including investigating, assessing and paying any claim made by me or my behalf; |
| reins carri | osing personal information submitted to another AIG company located overseas, its staff members, the insured, other insurers and surers, law enforcement agencies, investigators, lawyers, assessors, advisors, emergency providers, medical providers, travel ers and the agent of any of these, insurance broker, insurance agent or intermediary, employer or other service provider to AIG for burpose of administering my claim, including providing a report, data management and/or data analytics or claims recovery. |
| rights under | is provided voluntarily however if AIG does not collect this information, it may not be able to assess a claim. Insured person have the Privacy Act 2020 to access and correct their personal information. Further information about this or making a privacy complaint ained by emailing: Privacy.officerNZ@aig.com |
| NOTE: AIG | will only seek information which in its opinion it believes to be relevant to investigation of the claim |
| I/we conse | ent to AIG's assistance provider, recording all calls to the assistance service provided under the Travel Insurance for quality assurance, |
| training and | d verification purposes. I agree Date |
| Name | Please Print |
| Date | I Agree |
| If your are s | signing on behalf of the Insured person, please state your authority to do so and relationship. Please complete: |
| Name | Please Print Phone Please Print |





Position of Authority to sign - Nature of Relationship