

Documents Required For All Claims:

Travel Insurance Claim Form for ASB Credit Cards

Complete this Travel Claim Form Parts 1 and 7 and any other parts relevant to your claim	m
Original overseas return travel tickets (departing from and returning to New Zealand) for	or all travellers
Receipt/invoice of overseas return travel tickets for all travellers	
Copies of your ASB account, "True Rewards" or "Airpoints" statement showing the payn (statement must show the account type, account holder name and payment)	nent of your original overseas return travel tickets
Evidence that you hold an active ASB credit card (if you haven't already included your A	SB credit card statement)
Declaration	
The information supplied is true and correct and I have not withheld any information that is released to the context of the	evant to this claim.
In respect of an accident or illness claim, I request and authorise any hospital doctor or other p Chubb Life Insurance New Zealand (Chubb Life) Ltd or its representative any and all informatic history, consultations, prescriptions or treatments and all hospital or medical records that may A photocopy of this authorisation will be considered as effective and valid as the original.	on concerning any illness or injury suffered, medical
I authorise the disclosure to Chubb Life personal information held by any other person or organization. Chubb Life to release information regarding or affecting this claim to any person or organization for claims, underwriting or industry purposes.	
Signature	Date DD / MM / YYYY
Part 1: Traveller Details	Please complete this part for ALL claims.
Name all insured travellers	Title Date of birth
	Title Date of birth DD / MM / YYYY
	DD/MM/YYYY
	DD/MM/YYYY DD/MM/YYYY
	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Name all insured travellers	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Name all insured travellers Phone numbers HOME MOBILE	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Phone numbers Email Home Address Type of Credit Card Platinum Gold	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Phone numbers Email Home Address	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Phone numbers Email Home Address Type of Credit Card Name on Credit Card Platinum Gold Credit Card Number (First 6 and Last 4 Digits)	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Phone numbers Email Home Address Type of Credit Card Name on Credit Card Platinum Gold Credit Card Number (First 6 and Last 4 Digits)	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY
Phone numbers Email Home Address Type of Credit Card Name on Credit Card Name on Credit Card Travel Dates From DD/MM/YYYY To DD/MM/YYYY I	DD / MM / YYYY Date you purchased your flight Type of ticket held before
Name all insured travellers Phone numbers Email Home Address Type of Credit Card Name on Credit Card Travel Dates From DD / MM / YYYY Journey Destination Platinum Gold Credit Card Number (First 6 and Last 4 Digits)	DD / MM / YYYY Date you purchased your flight Type of ticket held before

Part 2: Travel Cancellation, Alteration or Delay

If your claim is due to cancellation, alteration or delay of your travel please complete this part.

Tell us what happened			
What is your claim for?	Cancelled Trip	Travel Delay 🗌	
Please help us un of events below:	derstand your timeline	If the claim was caus please answer these	sed by a medical incident, e questions:
Date of Incident	DD/MM/YYYY	Name of person affecting travel	
Where did this happen? (City & Country)		What is their relationship to you? (eg self, mother, son)	
Date of accident, or date symptoms started (If medical	al) DD/MM/YYYY	Where do they live?	
Date you were made aware of the condition (If medical) Date you changed your trave	DD/MM/YYYY DD/MM/YYYY	What is the name and address of their	
Date and Time of original scheduled departure	DD/MM/YYYY	NZ GP? What was the injury or illness?	
Date and Time of actual departure	DD/MM/YYYY	If this person has suffered from this before, please tell	
Who advised you to change your travel?		us what happened AND when	
What costs are you claimin	g for?		
	Amount paid (NZD)	Date paid	Refunds received (NZD)
Flight costs			
Accommodation costs			
Tour costs			
Total			
Documents Required fo	r Travel Cancellation, Alteration or Dela	y Claims:	
	t that caused your travel changes (eg letter	r from airline or travel agent)	
	urred (eg invoices and card statements)		
	received for all unused travel bookings		
	avel, evidence of both original and new tra		CL L
	ou to cancel or alter your trip: please get th		s Statement form
	nedical expenses, please complete Part 3 o a death, please provide a Death Certificat		
Additional notes			

happen before? Please tell us more about this history Date of first consultation Date of hospital admission Date of hospital discharge Date of hospital discharge Date of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) f yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	Vho suffered the njury/illness? Vhat treatment					
What treatment lid they receive? Please help us understand the timeline of events below: Date of accident, or date lymptoms started load of hospital admission loate of hospital discharge loate of hospital discharge load of their NZ GP? What is the name and address of their NZ GP? ACC claim number for this illness/injury loses please specify the insurance provider load load load load load load load load	njury/illness? Vhat treatment					
What treatment lid they receive? Please help us understand the timeline of events below: Date of accident, or date ymptoms started Date of first consultation Date of hospital admission Date of hospital discharge What is the name and ddress of their NZ GP? CC claim number for this illness/injury fyes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Emergency Assistance case number (If relevant) Please tell us more about this or something similar yes please tell us more about this history Does this person have health insurance? Yes please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	njury/illness? Vhat treatment					
Mhat treatment did they receive? Please help us understand the timeline of events below: Date of accident, or date rymptoms started Date of first consultation Date of hospital admission Date of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury frelevant) Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	njury/illness? Vhat treatment					
Please help us understand the timeline of events below: Date of accident, or date symptoms started Date of first consultation Date of hospital admission Date of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) Fyes Date of hospital expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method					pened?	
Date of accident, or date symptoms started DD / MM / YYYY Date of first consultation DD / MM / YYYY Date of hospital admission DD / MM / YYYY Date of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) If yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical DD / MM / YYYY Have they had this or something similar happen before? Please tell us more about this history Does this person have health insurance? Yes I will be provided by the insurance provider Medical & Dental Expenses List:						
happen before? Please tell us more about this history Date of first consultation Date of hospital admission Date of hospital discharge Date of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) f yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Does this person have health insurance? Yes Image: Amount (NZD) Payment method	Please help u	s understand the tir	neline of events below:			
Date of hospital admission Date of hospital discharge DD / MM / YYYY Doate of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) f yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method		?	DD/MM/YYYY		or something similar	Yes No
Oate of hospital discharge What is the name and address of their NZ GP? ACC claim number for this illness/injury If relevant) f yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	Date of first consultation	n [DD/MM/YYYY	Please tell us more	about this history	
What is the name and address of their NZ GP? ACC claim number for this illness/injury Does this person have health insurance? Yes [If relevant] If yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	Date of hospital admissi	on [DD/MM/YYYY			
ACC claim number for this illness/injury Does this person have health insurance? Yes (If relevant) If yes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	Date of hospital dischar	ge [DD/MM/YYYY			
fyes, please specify the insurance provider Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method						
Medical & Dental Expenses List: Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method		nis illness/injury		Does this	person have health insu	rance? Yes No
Name of medical Type of medical Date Paid Cost Amount (NZD) Payment method	fyes, please specify the	insurance provider				
	/ledical & Dental Expe	nses List:				
			Date Paid		Amount (NZD)	Payment method (eg cash, credit)
	Documents required	l for medical and de	ntal claims:			
Documents required for medical and dental claims:	Evidence of diagr	osis and treatment r	received			
Documents required for medical and dental claims: Evidence of diagnosis and treatment received				e Summary		
Evidence of diagnosis and treatment receivedAll Doctors' and/or Hospital reports, including Hospital Discharge Summary				laim form		
Evidence of diagnosis and treatment received						
 Evidence of diagnosis and treatment received All Doctors' and/or Hospital reports, including Hospital Discharge Summary Evidence of costs incurred (eg invoices and card statements) 						

If your personal items were lost, stolen, damaged or delayed Part 4: Luggage, Personal Items & Cash during your journey, please complete this part. Tell us what happened DD/MM/YYYY Where did this happen? (City & Country) When did this happen? DD/MM/YYYY If your luggage was delayed, when was it returned to you? Report reference number (eg police report or PIR) If you did not report your loss/theft, please explain why If you do not have a repair report for your damaged item, please explain why Did you claim from your Please provide your Contents Contents insurer Yes 🗌 No 🗌 insurer name & policy number Lost/Stolen/Damaged Items List: **Item Description** Who owned the item? **Date of Purchase** Name of the original Original purchase price (eg make & model) (or age of item) supplier of the item and currency

Please note: Items may be subject to depreciation

Documents required for luggage, personal items & cash claims:	
Evidence that you reported your loss to the appropriate authorities (eg police report, airline PIR report)	
Evidence of ownership of lost/stolen items (eg original receipts, photos)	
☐ Evidence of any compensation or refunds received from a third party	
☐ For luggage delay: Receipts & invoices for emergency replacement items	
☐ For damaged items: Repair report confirming whether an item is repairable, and the cost of repair	
☐ For lost/stolen jewellery items: A current indemnity valuation completed by a manufacturing jeweller	
For lost/stolen cash: Evidence of ownership (eg cash withdrawal receipt)	
Additional notes	

Part 5: Rental Vehicle Excess cover	If you had to pay an excess or deductible due to your rental vehicle being damaged or stolen, please complete this part.
Tell us what happened	
Date of incident DD / MM / YYYY Location of incident (City	& Country)
Did your rental agreement include an excess/deductible? Yes No No dayreement? (Please include agreement?)	
Total paid to rental company for damage/theft (Please include currency)	Refund from rental company (Please include currency)
Documents required for rental vehicle excess claims: Rental vehicle agreement Vehicle accident or theft report Evidence of costs incurred (eg invoices and card statements)	
Dart G. Darcanal Liability	ur journey you become legally liable to pay damages and compensation r bodily injury or loss of/damage to property, please complete this part.
Tell us what happened	
Date of incident DD / MM / YYYY Location of incident (City	& Country)
Who is claiming liability against you?	
What are their contact details? (Postal or email address, phone number etc)	
What is your relationship to them?	
Did you admit liability Yes No Please explain the reason for this	
What is the cost of the liability? (Please include the currency used)	
Documents required for personal liability claims:	
Copies of all correspondence with third parties that are claiming agaiCopies of reports from the police or other authorities, if a report was	

Part 7: Payment Details	Please complete this part for ALL claims.
To ensure prompt assessment of your claim, please ensure that:	
The claim form Declaration has been signed (see page 1)	
Documents have been translated into English at your own expense	
Evidence of activation. Refer to the list of Documents required for ALL claims checklist on page 1.	
You have provided all the required documents specified in each part of the claim form you completed. further documents as required to support your claim.)	(Please Note: We reserve the right to request
The claim form and ALL supporting documents may be sent to us by any of the following methods:	
Post: Chubb Life Travel Claims, Private Bag 92131, Victoria Street West, Auckland 1142	
Email: MyTravelClaim.NZ@chubb.com	
If you have any questions or need help filling in this form, please call us on 0800 660 150. We are available from 8:30am to 5pm Monday to Friday, and will be happy to help.	
Payment Details	
Claim proceeds will be credited directly into your bank account. Direct crediting enables almost immediate associated with mailing cheques, clearance delays and mail problems.	e access to funds and removes the risk
Please note: we cannot deposit into a credit card account.	
Insert your nominated bank account number below:	



Name of account holder