

4. Medical Expenses + Dental Claim

Please complete providing as much information as possible and attach any medical reports and receipts

Date of injury/illness: / / Country injury/illness occurred:

Full circumstances of injury/illness:

When did the symptoms first appear?: / / Are you applying for pre-approval of treatment Yes No

Please attach the procedure costs quoted by your health care service provider.

Have you suffered this illness/injury previously? Yes No

If yes, please give full details and dates:

If you have applied for pre-existing cover for your pre-existing medical condition please provide your reference number:

Details of Medical/Dental expenses/Quotes	Amount	Currency	Have you paid this expense?	
a			Yes	No
b			Yes	No
c			Yes	No

Please advise the name and address of your medical providers:

	Treating Doctor/Dentist	Treating Specialist	Hospital Details	
Name				
Address				
Phone				
Fax				
		(Actual/Proposal)	(Actual/Proposal)	
			Admission	/ /
			Discharge	/ /
	Date of first consultation / /	Date of first consultation / /		

Please note: The doctor should be informed that they may be required to fill in, free of expense to the company, a certificate sent by our office.

Medical Authority – to be completed in ALL medical claims

I hereby give permission to Vero Insurance New Zealand Ltd and Comprehensive Travel Insurance 2004 Limited to obtain any information that they may require relative to the illness/accident stated above.

Signature: _____ Date: / /

4(a). Optical Claims

Date of event: / / Nature of claim: Lost Stolen Damage Change of Vision

Full details of claim:

Note: If your claim is for change of vision please provide a supporting letter from your optometrist.

5. Luggage, Personal Effects, Travel Documents, Money and Credit Cards

Please attach a Police report, proof of ownership, replacement quotes, foreign exchange receipts etc as applicable

Date of loss/damage/theft:	/	/	Time:	Country:	
Please explain what happened:					
a) Has the loss/theft been reported to the Police? If yes, please provide a Police acknowledgement form				Yes	No
Date reported:		Police Station:			
Police file number:					
Was a list of items given to the Police (Please note we may request a copy of this from the Police)				Yes	No
b) Airline/Shipping/Bus Co etc. loss or damage reported (if applicable):				Yes	No
If yes, please provide a copy of the lost property form.					
If no report obtained, please explain why:					
c) Details of other steps taken to minimize loss:					
d) Have you claimed for this loss from any other source or company?				Yes	No
If yes – name and address of company:					
Amount of compensation received: \$					

Details of claim Please complete each column

Description of property lost/damaged/stolen. (Use separate sheet of paper if list is large)

Description of Property	Where Item Purchased	Date Purchased	Purchase Price	Replacement Cost	Item Replaced? (please attach receipt)	Proof of Ownership Attached *(see below)	
						Yes	No
1		/ /				Yes	No
2		/ /				Yes	No
3		/ /				Yes	No
4		/ /				Yes	No
5		/ /				Yes	No
6		/ /				Yes	No

*Proof of ownership can include photos showing you with the item, bank statements or credit card and receipts

6. Cancellation or Travel Disruption

Please provide as much information as possible and attach any receipts or reports in support of your claim:

Date of incident:	/	/	Full details of claim:		
Breakdown of cancellation costs from travel agent attached			Yes	No	N/A
Doctors report or certificate attached:			Yes	No	N/A
Documentation confirming reason for cancellation attached:			Yes	No	N/A
Receipts/Accounts for expenses attached:			Yes	No	N/A
Proof of delay from airline attached:			Yes	No	N/A
Additional expenses incurred if any		Amount	Currency		
a		\$			
b		\$			
c		\$			

