Uni-Care Claim Form

Please complete clearly in English.

Policy holder details

Given name:	Family name:
Date of birth: dd / mm / yyyy	Your policy number:
Email:	Student ID (if applicable):
Telephone:	Mobile:
Name of Education Provider (if applicable):	

Claim payment (please complete details of New Zealand Bank Account)

Name of account holder:

Account Number: ☐☐|☐☐☐☐|☐☐☐☐☐☐☐|☐☐☐ **Please note: Do not enter credit card details.**

Bank Branch Account Number Suffix

Claim details (please complete for the sections you are claiming for)

What policy sections are you claiming under: ☐ Medical ☐ Luggage ☐ Other

MEDICAL & RELATED EXPENSES (Section 1 of policy wording)

Describe the illness or injury you are claiming for and the treatment you have received:

Date of medical consultation: dd / mm / yyyy Cost claimed: $ ☐ Pay policy holder ☐ Pay medical provider

When was the medical condition first treated? dd / mm / yyyy

When was the medical condition last treated? dd / mm / yyyy

If this is an optical claim, were you wearing optical aids when you first came to New Zealand? ☐ Yes ☐ No

LUGGAGE - PERSONAL EFFECTS ETC. (Section 2 of policy wording)

Date of loss, damage or theft: dd / mm / yyyy Country & location of loss:

Description of what happened:

Description of property lost/damage/stolen (please use a separate sheet of paper if necessary)

Describe property:	Where item purchased:	Date purchased:	Purchase price:	Replacement cost:	*Proof of ownership attached	
1.		dd / mm / yyyy	$	$	☐ Yes	☐ No
2.		dd / mm / yyyy	$	$	☐ Yes	☐ No
3.		dd / mm / yyyy	$	$	☐ Yes	☐ No
4.		dd / mm / yyyy	$	$	☐ Yes	☐ No
5.		dd / mm / yyyy	$	$	☐ Yes	☐ No
6.		dd / mm / yyyy	$	$	☐ Yes	☐ No

Important: If the loss is due to theft or burglary, a police complaint acknowledgement form must be provided.

***Please supply proof of ownership for all claimed items such as receipts, manuals or credit statements. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.**

Uni-Care Claim Form Continued

Please complete clearly in English.

OTHER CLAIM CATEGORIES (Section 3-7 of policy wording)	
What are you claiming for?	When did it happen?
Where did it happen?	Cost claimed: $
Description of what happened:	

Claimants Declaration

I do solemnly and sincerely declare that the particulars contained in this form are true and correct in every detail and I agree that if I have made, in any further declaration in respect of the above said claim shall make any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Furthermore
In consideration of nib nz limited ("nib") agreeing to meet payment of this claim I/we hereby agree to discharge nib from any further liability, claims or demands in respect of this claim. Any property which is the subject of this claim will be owned by the insurer by virtue of the claim having been settled in respect of such property.

Privacy Act
I acknowledge that nib require this personal information from me before it will decide whether to accept this claim. This information will be retained and held by nib. I understand that the Privacy Act entitles me to have access to and require correction of this information. I authorise nib to disclose this information to its advisers, other insurers, to reinsurers and other parties. I further authorise nib to obtain information about me held by any other party that is in its view relevant to this claim.

Medical authority
I hereby authorise any hospital, physician or other person who has attended me to furnish to nib or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescription or treatment and all copies of hospital or medical records. I agree that a copy of this authorisation shall be considered as effective as the original.

I/We consent nib recording all calls to the assistance service provided under the travel insurance for quality assurance, training and verification purposes.

Full name:	**Signature:**	**Date:**
		dd / mm / yyyy

Sending this form

We require original receipts, invoices and estimates to be provided in support of this claim. If you are supplying a credit card statement as proof of payment, please blank out the credit card number for your own security.

Post or scan and email your claims and original receipts to:

Uni-Care Claims Service, nib nz limited, PO Box 91 630, Victoria Street West, Auckland 1142

claims@uni-care.org