



Accident & Health

CORPORATE TRAVEL INSURANCE CLAIM FORM

NOTIFICATION OF A CLAIM OR CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM

YOUR INFORMATION

BHSI Policy Number:

Name of Your Employer: _____

Your Full Name: Dr. / Mr. / Mrs. / Miss _____

Your Position: CEO CFO COO CRO CIO Director Head of HR
 GM Company Secretary Employee Contractor

If none of the above positions, please specify (e.g. Spouse or Dependent Child):

Your Contact Details: Telephone: _____ Mobile: _____

Email Address: _____

TRAVEL INFORMATION

Date of Departure: _____ Date of Return / Expected Return: _____

Reason for Travel: Business Business & Leisure Leisure Other

If other, please specify: _____

Departure Country: _____ Departure City: _____

Destination Country: _____ Destination City: _____

INCIDENT DETAILS

Date of Event (accident/injury/sickness/damage/theft): _____

Country of Event: _____ City of Event: _____

Please describe how the accident/injury/sickness/damage/theft occurred:

Was the incident reported to police or any other law enforcement authority? Yes No

Police/Law Enforcement Report Number: _____

EMERGENCY ASSISTANCE PROVIDER – BHSI CARE & CONCIERGE

Has BHSI Care & Concierge been advised of the claim?

Yes No

If yes, please provide Case Number: _____

OTHER INSURANCE

Did you pay for your trip on a Credit Card?

Yes No

If yes, please provide the name of the financial institution and card type (e.g. Platinum or Gold Visa): _____

Did you purchase any other travel insurance policy for this trip?

Yes No

If yes, please provide the name of the travel insurance provider & your policy number: _____

Do you have Home & Contents Insurance?

Yes No

If yes, please provide the insurer name and policy number:

Are you entitled to claim Medical Benefits:

Under the Accident Compensation Act (2001)?

Yes No

Under any Reciprocal Health Agreements?

Yes No

Under any Private Health Insurance?

Yes No

If Yes, please provide details:

OVERSEAS MEDICAL EXPENSES CLAIM

Injury/Illness/Sickness Information

Describe the injury/illness/sickness:

Claim Information

| Date Expense Incurred | Details of all Medical Treatment | Amount (NZD or Local Currency) |
|--|----------------------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| Total Amount Claimed (NZD or Local Currency) | | \$ |

CANCELLATION AND DISRUPTION CLAIM

Travel Amendment or Cancellation Claim

Date Travel Disrupted
or Cancelled: _____

Date You Were
Due to Depart: _____

Reason for Disruption or Cancellation:

Details of the Changed Itinerary:

| Airfares/Airline | Accommodation | Currency (NZD or Local) | Amount Paid | Amount Refunded | Amendment Cost | Cancellation Cost |
|---|---------------|----------------------------|----------------|--------------------|-------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Subtotal Amount Claimed (NZD or Local Currency) | | | \$ | \$ | \$ | |
| Total Amount Claimed (NZD or Local Currency) | | | | | | \$ |

Additional Expenses Claim

Reason for Additional Expenses:

| Expense Detail | Date Expense Incurred | Amount (NZD or Local Currency) |
|--|-----------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| Less any compensation received from airline, hotel etc.: | | \$ |
| Total Amount Claimed (NZD or Local Currency) | | \$ |

BAGGAGE & PERSONAL EFFECTS CLAIM

Have you submitted a claim for compensation for lost baggage or personal effects from your transport provider?

Yes No

If no, you will need to submit a claim for compensation to your transport provider before submitting a claim to us.

Claim Details

| Item | Date Purchased | Personal Effect? | Business/Company Owned? | Replacement Amount (NZD or Local Currency) |
|---|----------------|------------------|-------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| Less amount paid in compensation by either the transport provider or any other insurance: | | | | |
| Total Amount Claimed (NZD or Local Currency) | | | | \$ |

RENTAL VEHICLE EXCESS WAIVER CLAIM

Is this claim related to a rental vehicle?

Yes No

Was the vehicle rented from a licensed rental agency?

Yes No

Details of the accident/damage/theft:

Rental Vehicle Excess Waiver amount you are liable to pay the rental agency:

\$

Total Amount Claimed (NZD or Local Currency)

\$

SUPPORTING DOCUMENTATION REQUIRED

Please attach the following documentation for the sections you have completed on this form.

Overseas Medical Expenses Claim

- Medical certificate and reports
- Original medical receipts

Cancellation & Disruption Claim

- Travel receipts, accounts or letter from travel agent/airline/hotel
- Medical certificate or letter from physician or doctor confirming reason for amendment or cancellation (if applicable)
- Refund advice from agent/airline/hotel

Baggage & Personal Effects Claim

- Proof of ownership of lost, damaged or stolen items (invoices, receipts)
- Police, airline incident report or event number
- Response from transport provider after claim for lost/delayed luggage (where applicable)

Rental Vehicle Excess Waiver Claim

- Rental agreement showing the excess amount you were liable to pay
- Police report or police event number (where available)
- Repair invoice or quote

ELECTRONIC FUNDS TRANSFER (EFT) DETAILS:

Following approval of your claim, should you wish to have your claim transferred directly into your bank account, please provide the following details:

Name of Financial Institution: _____

Account Name: _____

Bank Code: _____ Account Number: _____

Bank Swift Code (International Payments): _____

Bank Account Currency (International Payments): _____

Bank Address (International Payments): _____

Please note that we are not liable for any bank processing fees incurred by you.

DECLARATION

I declare that the above statements are true and correct and that I understand that:

- this claim form may collect personal information;
- Berkshire Hathaway Specialty Insurance Company requires this information pursuant to my/our insurance policy ("the policy") and to evaluate this claim;
- the Privacy Act 1993 entitles me/us to have access to, and request correction of, any information retained;
- Berkshire Hathaway Specialty Insurance Company is authorised to collect information relevant to the policy and the claim from third parties; and
- Berkshire Hathaway Specialty Insurance Company may make our personal information available to third parties to administer this claim or when required by law to do so.

Name: _____ Position: _____

Signature: _____ Date: _____

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