

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 Altered Trip Travel Delays



Please help us understand your timeline of events below:

Date of Incident

Where did this happen? (City & Country)

Date of accident, or date symptoms started (If medical)

Date you were made aware of the condition (If medical)

Date you changed your travel

Date and Time of original scheduled departure

Date and Time of actual departure

Who advised you to change your travel?



If the claim was caused by a medical incident, please answer these questions:

Name of person affecting travel

What is their relationship to you? (e.g. self, mother, son)

Where do they live?

What is the name and address of their NZ GP?

What was the injury or illness?

If this person has suffered from this before, please tell us what happened AND when

What costs are you claiming for?

	Amount paid (NZD)	Date paid	Refunds received (NZD)
Transportation costs			
Accommodation costs			
Other costs			
Other costs			
Total			

Documents Required For Travel Cancellation, Alteration Or Delay Claims:

- Evidence of the event that caused your travel changes (e.g. letter from airline or travel agent)
- Evidence of costs incurred (e.g. invoices and card statements)
- Evidence of refunds received for all unused travel bookings
- If you altered your travel, evidence of both original and new travel bookings
- If a doctor advised you to cancel or alter your trip: please get them to complete our 'Medical Attendants Statement' form
- If you also incurred medical expenses, please complete Part 3 of this claim form
- If your claim is due to a death, please provide a Death Certificate

Additional notes _____

Part 3: Medical & Dental Expenses

If you had an injury, illness or emergency dental treatment, please complete this part.

Tell us what happened

Who suffered the injury/illness? Where were they when this happened?
(City & Country)

What treatment did they receive? Emergency Assistance case number (If relevant)



Please help us understand your timeline of events below:

Date of accident, or date symptoms started Have they had this or something similar happen before? Yes No

Date of first consultation

Date of hospital admission

Date of hospital discharge

Please tell us more about this history

What is the name and address of their home GP?

ACC claim number for this illness/injury (If relevant) Does this person have health insurance? Yes No

If yes, please specify the insurance provider

Medical & Dental Expenses List:

Name of medical provider	Type of medical expense	Date Paid	Cost (local currency)	Amount (NZD)	Payment method (eg cash, credit)

Documents required for medical and dental claims:

- Evidence of diagnosis and treatment received
- All Doctors' and/or Hospital reports, including Hospital Discharge Summary
- Evidence of costs incurred (e.g. invoices and card statements)
- If you also had to alter your travel, please complete Part 2 of this claim form

Additional notes _____

Part 5: Personal Liability

If during your journey you become legally liable to pay damages and compensation for bodily injury or loss of/damage to property, please complete this part.

Tell us what happened

Date of incident

Location of incident (City & Country)

Who is claiming 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 against you
- Copies of reports from the police or other authorities, if a report was made

Part 6: 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
- You have provided all the required documents specified in each part of the claim form you completed. (Please Note: We reserve the right to request further documents as required to support your claim.)

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: contactus@seasonalworker.chubb.com

If you have any questions or need help filling in this form, please call us on 0800 335 125 or email contactus@seasonalworker.chubb.com. We are available from 8:30am to 5:00 pm 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 access to funds and removes the risk associated with mailing cheques, clearance delays and mail problems.

Please note: we cannot deposit into a credit card account.

Insert your nominated bank account number below:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of account holder