

Submit your claim to:

Post: State Travel Insurance c/o - Cover-More Claims Department, PO Box 105-203, Auckland 1143

Email: claimsprocessing@covermore.co.nz

For assistance, please call 0800 500 325.

Note: Original documentation will be required in order to finalise your claim.

Travel Insurance Claim Form

Part 1: General information (This part of the claim form is compulsory)

Policy number

Unsure? Contact your issuing agent to obtain a copy of the Certificate of Insurance.

a. Your information

Title Given name/s Surname Date of birth / /

Occupation Mobile phone (or best other contact) Email address

Postal address Suburb City Postcode

Did you contact our emergency assistance team? Yes No

b. Payment

If your claim is approved we will deposit your settlement into your nominated account below (we cannot make payments to a credit card)

Name of bank Branch

Account holder name Account number

Please ensure that the bank account details you provide to us are correct. We will not be liable for any loss that you suffer as a result of payment(s) made to an incorrect bank account because the details you have supplied were incorrect. If you are unsure of your bank account details, please contact your bank or financial institution for assistance.

c. GST registered companies

Are you registered for GST purposes? Yes No

Have you claimed or are you entitled to claim GST paid on the insurance policy under which this claim is being made? Yes No

d. Credit card information

Some credit cards may provide **limited** travel insurance cover in some circumstances. Did you use a credit card to purchase your travel? (e.g. flights, accommodation, tours?) Yes No If yes, please complete the following:

Card type: Visa Mastercard Diners Amex

Card level: Gold Platinum Other

Name on credit card

If Other, please specify

Name of financial institution

e. Your declaration

I/we declare that:

- All statements and particulars stated on this form and all documents submitted are true and correct.
- I/we will use my best endeavours and give all reasonable assistance and co-operation to the insurers in the assessment of my claim.
- I/we have not withheld any material information connected with this claim that will inhibit the insurers' ability to make a fair and reasonable assessment of my claim.
- I/we acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Claims Register, other insurers and government agencies.

- I/we assign to the insurer all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

Signature of Policyholder(s)

Date / /

Part 1 (cont): General information (This part of the claim form is compulsory)

f. Claim details

Date of incident / / Time AM/PM

Country

Town

Whereabouts/location

Please provide an explanation of your claim and why you are claiming
(Please attach a letter if more space is required).

If the claim was caused by a health condition/dental problem/death please answer the following questions:

Person whose state of health/dental problems/death caused the claim

Given name(s)

Surname

Relationship of that person to you

Has the illness/injury occurred before? Yes No If yes, advise the condition

Were you/was the person treated as a hospital inpatient overseas?

Yes No

Date admitted / / Time admitted AM/PM

Date discharged / / Time discharged AM/PM

Did you/the person contact the 24 hour emergency assistance company?

Yes No

REQUIRED DOCUMENTATION FOR ALL CLAIMS

- Original itinerary
- Certificate of Insurance

If you have answered YES to purchasing your travel arrangements on a credit card, you will need to supply:

- The front page of your credit card statement which shows the card holders name as well as the first 8 digits of your credit card number.
- The page of the credit card statement which shows the purchase of your travel arrangements.
(any non-relevant transactions may be blanked out)

Part 2: Overseas medical and dental

Please list each bill/receipt separately:

Name of doctor, dentist, pharmacy, hospital or provider	Date of treatment, consultation etc.	Amount charged (include currency)	Paid?
<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="checkbox"/> Yes <input type="checkbox"/> No
<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="checkbox"/> Yes <input type="checkbox"/> No
<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="checkbox"/> Yes <input type="checkbox"/> No
<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="checkbox"/> Yes <input type="checkbox"/> No
<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="checkbox"/> Yes <input type="checkbox"/> No
<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="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED DOCUMENTATION FOR OVERSEAS MEDICAL AND DENTAL CLAIMS

- Medical reports from the treating overseas medical provider which confirm the diagnosis.
- All original invoices and receipts.
- If the claim is due to a dental condition, we require written confirmation from the treating dentist that the treatment was not caused by or related to the deterioration and/or decay of teeth or associated tissue.
- Medical Certificate A completed by your usual medical practitioner (page 8).
- Medical Authority A (page 8) completed by the person whose state of health caused the claim or executor of the estate if applicable.

Part 3: Additional expenses

Please complete this section if you are claiming for expenses incurred as a result of an unforeseen event.

E.g. Accommodation and transport expenses.

Please provide a full description of why the additional expenses were incurred.

Description of cost	Amount claimed	Description of cost	Amount claimed
1.		4.	
2.		5.	
3.		6.	

If the above event had not occurred, what were your original plans for this same time period?

Original plan	Cost	Original plan	Cost
1.		4.	
2.		5.	
3.		6.	

Were your original plans above pre-paid? Yes No Partly paid

If your original plans were pre-paid, did you receive a refund? Yes No

If yes, please advise the amount

If your claim is due to travel delay please advise when you were due to depart and when you actually departed.

When were you due to depart?

When did you actually depart?

Date / / Time AM/PM

Date / / Time AM/PM

Mode of transport

Transport provider name

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REQUIRED DOCUMENTATION FOR ADDITIONAL EXPENSES CLAIMS

- All original invoices and receipts.
- If the claim is due to travel delay, you will need to supply a letter from the transport provider that confirms the length and reason for the delay as well as any compensation offered.

If caused by a medical condition:

- If the expenses were incurred due to someone's health, you will need to supply a medical report from the treating overseas medical practitioner confirming the nature of the illness or injury that gave rise to your claim.
- Medical Certificate A completed by your usual medical practitioner (page 8) for claims due to a medical condition, illness or death (i.e. not an injury).
- Medical Authority A completed by the patient whose health has caused the claim or the Executor of the Estate for claims due to a medical condition, illness or death (i.e. not an injury).
- If the expenses were incurred due to someone else's health (i.e. someone not on the policy), Medical Certificate B (page 9-10) will need to be completed by that person's usual medical practitioner and Medical Authority B will need to be completed by that person.

Part 4: Amendment or cancellation costs

Please sign below if you would like your Travel Agent to be able to liaise with Cover-More on your behalf.

Name of your travel agency <input style="width: 95%;" type="text"/>	Travel consultant's name <input style="width: 95%;" type="text"/>
Signature of Policyholder(s) <input style="width: 95%; height: 40px;" type="text"/>	Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

You only need to complete the below for travel arrangements being claimed that were not arranged by a travel agent.

Your policy covers you for amendment or cancellation, whichever is the less (subject to policy limits and the terms and conditions of the Policy Wording). Firstly you need to work out how much it would cost you to amend your journey (e.g. to travel at a later date) vs. the non-refundable amount you won't be able to get back if you cancel the journey. In most cases it is cheaper to amend your journey rather than cancel. If you have not made any changes to your travel yet as a result of a potential claim under this section, please phone us and we will guide you.

	Amendment costs	OR	Cancellation costs		
Travel arrangement			A. Amount paid	B. Amount refunded by supplier	Amount claimable (A minus B)
Flights (excluding taxes)	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
Flight Taxes	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- Fully refundable by the airline	= \$0
Hotels	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
Packages	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
Other (i.e. car hire, rail passes, transfers etc.)	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	- <input style="width: 95%; height: 20px;" type="text"/>	= <input style="width: 95%; height: 20px;" type="text"/>
Total	\$ <input style="width: 100px;" type="text"/>		Total \$ <input style="width: 100px;" type="text"/>		

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)?

On what date did you cancel/amend your journey?
 /

 /

Can you travel on different dates? Yes No If No, please explain the reason why you have not amended the journey

See page 5 for required documents.

REQUIRED DOCUMENTATION FOR AMENDMENT AND CANCELLATION COST CLAIMS

A copy of your original itemised invoice for your travel arrangements.

If due to someone's health (medical condition, injury or death):

Medical Certificate B (page 9-10) completed by the usual medical practitioner.

Medical Authority B (page 9-10) completed by the person whose state of health caused the claim or the Executor of the Estate.

Additionally, if the claim is due to someone's death you will need to provide a full copy of the Death Certificate (not an extract) that states the cause of death.

[Please note that you can obtain the travel information required below from your travel agent or supplier directly].

International flights documentation (for any international flights)

- A copy of the airline fare sheet/rules (showing the fare conditions).
- Virgin: confirm if the ticket has been changed to travel at a later date. If the date hasn't been changed, confirm if the customer can use the 12 month credit allowance. If the customer is unable to use the credit, the customer must state in writing why they are unable to use the credit and that they forgo the credit to Cover-More.
- NB: Please check the conditions as many airlines have waivers e.g. in the case that a passenger or their relative dies, you may be able to claim a refund from the airline with the submission of a medical or death certificate. This must be applied for first before submitting a claim.

Domestic flights documentation (for any domestic flights)

- Jetstar: Confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.
- Air New Zealand: Identify what the specific conditions are for the Air New Zealand fare. e.g. "Seat+Bag", "Flexitime", etc and confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.

Land arrangements documentation (for any land bookings)

- We require a copy of the provider's booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.
- If the booking conditions do not specify exactly what cancellation fees apply (e.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much you are to be refunded.

Cruise documentation (for any cruises)

- We require a copy of the provider's booking conditions showing the published cancellation penalties. This is usually shown in the brochures.
- We also need a breakdown of any tax component (i.e. port taxes) that should be refundable.

Part 5: Luggage and money

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time (please attach a letter if more space required). If the items you are claiming for were with another person at the time of loss, please provide their full name and contact details, and please describe how they are known to you.

Were the Police or a responsible authority notified? Yes No Report reference number

If No, please explain why this policy requirement was not met.

Do you have a home and contents insurance policy? Yes No If Yes, please state:

Name of insurer

Policy number

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Have you submitted a claim with them yet? Yes No

If Yes, please provide your household insurance claim number:

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(Where applicable) Have you submitted a claim with the transport provider responsible for causing the claim? Yes No

If No, there is a liability imposed on airlines by the 1999 Montreal Convention for costs associated with lost or delayed luggage so you should claim from them before submitting your claim to us. For other transport providers you also need to submit a claim directly to them in the first instance. Travel Insurance protects you against the amount the responsible transport provider is unable to compensate you for, subject to your policy conditions and limits.

If Yes, please give details and the claim reference number.

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Have you received compensation from the airline or transport provider? Yes No

If Yes, what amount did you receive in compensation? Please make sure you attach written confirmation of this figure.

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WARNING: Unfortunately, fraudulent claims increase travel costs for all travellers. Cover-More has a dedicated team of fraud specialists that investigate all claims. Fraud includes claiming for items that you have never owned, claiming for items that were not lost or stolen, inflating the amount of your claim or providing false or misleading information about how the loss occurred. Lodging a claim that has been fabricated, inflated or overstated is a fraudulent act. All cases of fraud will be reported to the Police and can result in imprisonment.

Full description of each item	Brand, model, number etc	Original purchase price & currency	Month & year of purchase	Place of purchase	Proof of ownership attached?	Have you replaced this item?	What amount are you claiming? (NZD\$)
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Total \$

REQUIRED DOCUMENTATION FOR LUGGAGE AND MONEY CLAIMS

- Loss/theft/damage report e.g. Police report, hotel report, transport provider letter etc.
- For items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying.
- For electrical items e.g. cameras, computers, mobile phones, MP3 players, tablet computers etc., we require the receipts. If you no longer have the receipt please obtain a duplicate from the place of purchase.
- If you are claiming for a mobile phone (including smart phone) we require a letter from the mobile network service provider confirming the date your connection was barred and the mobile device blacklisted.
- For all other items, we require purchase receipts (or duplicates from the place of purchase). Other documents you may submit for consideration are warranty cards, instruction manuals, credit card/bank statements or packaging.
- Damaged items: Obtain from a repairer (of your choice) a quote stating the repair cost or a letter stating that the item is damaged beyond economical repair. If so, we may request the damaged item to be sent to us so please keep it.
- For items you have replaced already: Receipts for the replacement items. These may be stamped and returned to you if you request so in writing.

Part 6: Delayed luggage

Have you received compensation from the airline? Yes No If Yes, what was the compensated amount? [Please attach confirmation](#)

If No, for items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying. Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits. You need to claim compensation from the transport provider in the first instance before submitting your claim to us.

When did your flight arrive?

Date / / Time AM/PM

When did you receive your luggage back?

Date / / Time AM/PM

Description of items purchased	Price and currency	Description of items purchased	Price and currency
1.		4.	
2.		5.	
3.		6.	

For the traveller(s) affected: How many bags did you check in? How many of these bags were delayed?

REQUIRED DOCUMENTATION

- Original (not photocopy) loss report from the transport provider with confirmation that all of your luggage was delayed, the length of time your total luggage was delayed and details of compensation paid by them.
- Original (not photocopy), itemised receipts for essential, emergency purchases of clothing & toiletries (made whilst your luggage was delayed).

Part 7: Rental Car insurance excess

Date of incident / / Time AM/PM Country Location

Please advise how the accident/damage/theft occurred

Did the damage occur whilst driving on an unsealed surface? Yes No

Excess you were liable to pay Repair costs Amount you are claiming

Was there another party at fault? Yes No

If yes, please provide the name and address of the at fault party as well as their insurance details if known.

Did the police attend the scene? Yes No Have you received compensation from any person or party involved? Yes No

If yes, what amount did you receive in compensation? Registration number of the at fault party vehicle

Note: If the cost of repairs was less than the excess charged, please contact the rental car company to obtain a refund of the difference.

REQUIRED DOCUMENTATION FOR RENTAL CAR INSURANCE EXCESS CLAIMS

- The Rental Agreement/contract showing the excess you were liable to pay in the event of damage or theft.
- A copy of the itemised repair invoice/quote showing the cost of repairs to the vehicle.
- A copy of the documents showing the amount debited by the rental car company for the damages/excess.
- The report made to the police or other relevant authority.
- If another party was at fault, written confirmation from them of the compensation payable by them/their insurer.

Part 8: Other expenses claimed

This section is for any other expenses not mentioned above.

Nature of expense	Amount claimed	Nature of expense	Amount claimed
1.		4.	
2.		5.	
3.		6.	

Please forward relevant supporting documentation to assist us in processing your claim. For more information, contact Customer Service on 0800 500 325

Submit your claim to:

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Email: claimsprocessing@covermore.co.nz

For assistance, please call 0800 500 325.

Note: Original documentation will be required in order to finalise your claim.

Medical Form A

Medical Authority A - Medical, dental and additional expenses claims

To be completed by the person whose state of health caused the claim or the Executor of the Estate, if applicable. Details of the patient's usual doctor (of at least 12 months prior to the policy issue date).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental conditions/s/injury/ies or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

Signature of Patient/Executor of the Estate	Patient's name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Name of usual doctor or dentist in New Zealand (whichever is applicable)	
	<input type="text"/>	
	Doctor's or dentist's phone number	Doctor's or dentist's fax number
	<input type="text"/>	<input type="text"/>
Doctor's or dentist's email or postal address (include postcode)		
<input type="text"/>		

Medical Certificate A - Medical, dental and additional expenses claims

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health / medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact our office directly.

IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.

1. Name of patient	2. Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3. Are you the patient's usual G.P.? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If No, do you have access to their medical records? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, for how long?	From what date?
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4. What do you understand to be the sickness or injury which resulted in the need to seek medical attention or interrupt the patient's travel plans?	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
5. Has the patient previously been investigated, diagnosed or treated in respect to the same/similar/related sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide details	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

If Yes, please attach copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

6. Was there any indication prior to travel that medical care may be required on the journey?

7. Did the patient travel against your advice (or the advice of any other medical professional known to you)? Yes No

I certify that the statements contained in this Medical Certificate are true and correct

Doctor's signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Qualification	Telephone
	<input type="text"/>	<input type="text"/>
Email address, fax number or postal address		
<input type="text"/>		

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Email: claimsprocessing@covermore.co.nz

For assistance, please call 0800 500 325.

Note: Original documentation will be required in order to finalise your claim.

Medical Form B

Medical Authority B - (To be completed by the person whose state of health caused the claim or the Executor of the Estate, if applicable).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental conditions/s/injury/ies or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

Signature of Patient/Executor of the Estate	Patient's name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	Name of usual doctor or dentist in New Zealand (whichever is applicable)	
	<input type="text"/>	
	Doctor's or dentist's phone number	Doctor's or dentist's fax number
	<input type="text"/>	<input type="text"/>
Doctor's or dentist's email or postal address (include postcode)		
<input type="text"/>		

Medical Certificate B - Medical related amendment or cancellation claims

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health / medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact our office directly.

IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.

- Name of patient
- Date of birth / /
- Are you the patient's usual G.P.? Yes No
 - If Yes, for how long?
 - If No, do you have access to their medical records? Yes No
From what date? / /
- a. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained
- b. On what date did the patient first consult you in relation and/or with symptoms of this condition/s / /
- Date of onset of illness or injury or date of death / /
- Date tests prescribed / /
- Date tests carried out / /
- Date results advised to patient / /
- Date referred to specialist/surgeon / /
- Name and address of specialist/surgeon
- Date there was a deterioration/exacerbation/new occurrence of the condition/s / /
- If due to pregnancy:
 - On what date was the pregnancy confirmed? / /
 - How many weeks pregnant was the person on this date?
 - Was the conception medically assisted? Yes No
 - Have there been previous complications with this or any other pregnancy? Yes No
- Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question 4a? Yes No
If Yes, a) State the diagnosis of the previous illness/injury
- b) Advise the date of occurrence of the previous illness/injury and advise what treatment/medication was prescribed
- c) Is the patient receiving and regular advice, treatment or medication for this condition or any similar/related condition? If so, please give details

Questions continue onto next page

Medical Certificate B (cont) - Medical related amendment or cancellation claims

14. Is/was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition?

Yes No If so, please give details.

If Yes, Please provide details and attach copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

15. Was the patient hospitalised? Yes No If Yes, advise admission date / /

16. Are you prepared to certify that solely due to the condition described in question 4a, the claimant/s was/were required to cancel or curtail the travel arrangements? Yes No

17. Was the patient on a waiting list for hospital? Yes No If Yes, please give details.

18. Was the patient advised to continue treatment and/or medication:

- a. Until departure on this journey? Yes No
 b. Whilst on this journey? Yes No

19. Was there any indication prior to travel that medical care may be required on the journey? Yes No

20. Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health leading to hospitalisation or death after this time.

Issue date of policy

/ / (see claimant for exact date)

21. The following questions only apply if the patient was in the travelling party.

How long was or will the patient be prevented from travelling?

From / / To / /

22. What date did it become apparent that patient would not be able to travel?

/ /

23. Had the patient planned to travel against your prior advice or against the advice of any other medical professional? Yes No

If Yes, please give details.

I certify that I have examined the patient named above and/or have referred to their medical records and confirm that the information given in this Medical Certificate is a true and correct statement.

Doctor's signature

Name

Date

/ /

Email address, fax number or postal address