

StudentCare

Claim form

Please send your completed claim form to:
StudentCare Claims, PO Box 4513, Auckland 1010, New Zealand.

Fax: +64 9 309 4119
Tel: +64 9 309 2119

Email: claims@studentcare.biz



Please complete this form if your claim relates to any of the following:

Personal Liability Accidental Death / Disability
Missed Connection Travel Delay

PLEASE ANSWER ALL SECTIONS IN CAPITALS

Policyholder Details Section		Membership number: SC
		Policy dates: from dd/mm/yyyy to dd/mm/yyyy
First name:	Last name:	
Date of birth:	Postal address:	
Gender:		
Date you arrived in your country of study: dd/mm/yyyy	Email address:	
Nationality:	Home fax:	
Home phone:	Mobile phone:	
Important: How would you prefer us to contact you? (Please circle)	Email	Fax Post

Personal Liability - Accidental Death / Disability

Please describe what happened: (This question must be answered before your claim can be processed. Please note you maybe required to provide information.)

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Please state the names of the third parties involved: Amount of your claim: \$

Travel Delay - Missed Connection

Amount of your claim: \$ (attach all receipts) Date of Loss: dd/mm/yyyy

For Travel delay please advise how long and reason for the delay: (please attach carrier if applicable)

For missed connection please explain the reason for the missed connection: (please attach carrier report if applicable)

Payment Details & Checklist

Bank Name: Bank Address: Account Name: Account Number: IBAN/Swift Code:	Important: Have you done the following? (Please tick the boxes when) <ul style="list-style-type: none"> ▪ Completed all questions on your claim form in full and signed the declaration? <input type="checkbox"/> ▪ Has your Georgetown Representative collected your evidence/receipts in support of this claim? <input type="checkbox"/> ▪ Has your Georgetown Representative stamped this form as confirmation of receipt of your evidence? <input type="checkbox"/> (Evidence can be; original receipt/s, medical report/s and supporting documentation for your claim.)
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Declaration: Please read and sign. 1. I declare that all the above information is true. 2. I agree that if I have made any false statement, or fraudulent claim or suppress or conceal any information that this policy will be invalid and all rights of recovery will be forfeited. 3. I declare by signing this form that I have not submitted a claim with another insurance company covering this loss. 4. I declare that I have not had any previous claim declined. 5. I authorize Inbroke StudentCare Insurance to obtain any medical or other information from any other source, doctor or specialist that will assist in the process of this claim. 6. I agree to provide the Insurer or its' Representative any relevant information regarding current or past claims and to the Insurer or its' Representative releasing claims information to any other party

Signed: Dated: dd/mm/yyyy

Name of person who has completed this form:

Georgetown
University
Office use
only

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Please complete this form if your claim relates to any of the following:

Advance Payments / Loss of Tuition or Study Fees
Loss of Deposit and/or Curtailment

Cancellation and additional expenses
Search and Rescue

Hijack Cash
False Arrest

PLEASE ANSWER **ALL** SECTIONS IN **CAPITALS**

Advance Payment/Loss of Tuition or Study Fees – Cancellation and Additional Expenses – Loss of Deposit and/or Curtailment

On what date did you cancel/curtail your trip: dd/mm/yyyy Did you cancel the whole trip prior to departure? Yes/No

The reason why your trip was cancelled or curtailed:

Loss of Deposits – Cancellation Date: dd/mm/yyyy or Curtailment Date: dd/mm/yyyy

Was the curtailment due to a sudden illness or accident of a family member? Or travel companion? Yes/No (in the event of death please include death certificate)

If YES, please state relationship:

The following section is to be completed by your travel agent for cancellation claims:

Important: Have you attached the following? (Please tick the boxes when completed.)

- International Flights: A copy of the airline fare sheet/rules showing fare conditions
- Accommodation, car hire, rail passes: A document from the supplier showing exact amount refundable (e.g. booking conditions, letter from supplier).
- A copy of itemised invoice you provided the customer and a copy of the itinerary.

	Name of supplier	Gross Amount Paid	Net amount refunded by supplier	Cancellation Costs
Flights (excluding taxes)			\$	\$
			\$	\$
Flight taxes			\$	\$
Accommodation			\$	\$
Other (i.e. car hire, rail pass, etc)			\$	\$
			Total cancellation cost	\$

Other: Search and Rescue – Hijack Cash – False Arrest

Date of incident: dd/mm/yyyy Time of incident: am pm

Please describe what happened: (This question must be answered before your claim can be processed. Please note you maybe required to provide further information.)
.....

Amount of your claim: \$

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Signed:

Dated: dd/mm/yyyy

Name of person who has completed this form: