

# 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](mailto:claims@studentcare.biz)



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

Loss of luggage and personal effects      Delayed Luggage      Loss of Money and Travel Documents

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

Policyholder Details Section		Membership number: SC .....	
First name:		Policy dates: from dd/mm/yyyy to dd/mm/yyyy	
Date of birth:		Last name:	
Gender:		Postal address:	
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
Claim Details			
Date of Loss: dd/mm/yyyy	Time of Incident: am pm	City:	Country:
Please describe how the situation occurred and what steps you took to minimize your loss? (This question must be answered before your claim can be processed.)			
.....			
.....			
Did you report the loss to the transport provider/ local authorities?		Yes / No (Attach authority report to claim form)	
Did you receive any compensation from the carrier?		Yes / No	
Are these expenses recoverable from any other policy?		Yes / No	
		If 'YES', please state which company:	
Description of articles owned/brought	Date you purchased this article	Price you paid (include currency)	Replacement quote/receipt attached?
			Yes / No
			Yes / No
			Yes / No
Payment Details & Checklist			
Bank Name: .....		Important: Have you done the following? (Please tick the boxes when completed.)	
Bank Address: .....		<ul style="list-style-type: none"> <li>Completed all questions on your claim form in full and signed the declaration? <input type="checkbox"/></li> <li>Has your Georgetown Representative collected your evidence/receipts in support of this claim? <input type="checkbox"/></li> <li>Has your Georgetown Representative stamped this form as confirmation of receipt of your evidence? (Evidence can be; original receipt/s, medical report/s and supporting documentation for your claim.) <input type="checkbox"/></li> </ul>	
Account Name: .....			
Account Number: .....			
IBAN/Swift Code: .....			
<p><b>Declaration:</b> 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 authorise 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</p>			<p><b>Georgetown University Office use only</b></p>
Signed: .....		Dated dd/mm/yyyy	
Name of person who has completed this form: .....			