



## 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: Full Address: \_\_\_\_\_

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: \_\_\_\_\_

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### 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:  
\_\_\_\_\_

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### 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:

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### 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.

- Your travel itinerary or tickets

### 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

## PAYEE'S ELECTRONIC FUNDS TRANSFER (EFT) DETAILS AND TAX STATUS:

Following approval of your claim, we will pay your claim directly into your bank account. To enable us to do so, 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.*

Is the Payee tax resident in New Zealand?  Yes  No

If not, is the Payee registered for GST?  Yes  No

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## 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 2020 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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