



**LUGGAGE, MISLAID LUGGAGE, PERSONAL EFFECTS**

PLEASE ATTACH PROOF OF OWNERSHIP, WRITTEN REPAIR, REPLACEMENT QUOTES OR RECEIPTS (ORIGINAL DOCUMENTATION ONLY)

1. DATE OF LOSS/DAMAGE/THEFT:    /    /    TIME:    AM  PM     COUNTRY LOSS OCCURRED IN: \_\_\_\_\_

2. PLEASE DESCRIBE FULLY HOW THE LOSS, THEFT OR DAMAGE OCCURRED:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. REPORTED TO THE POLICE OR AUTHORITIES AT: \_\_\_\_\_ DATE:    /    /

4. PLEASE ADVISE WHAT ACTION WAS TAKEN TO RECOVER OR MINIMISE THE LOSS:  
 \_\_\_\_\_

5. HAVE YOU RECEIVED ANY COMPENSATION FROM THE CARRIER? YES  NO  IF SO, PLEASE SEND WRITTEN CONFIRMATION FROM THE CARRIER

6. DID THE ITEMS THAT WERE LOST OR STOLEN BELONG TO YOU? YES  NO  IF NO, STATE WHY:  
 \_\_\_\_\_

7. ARE ANY OF THE ITEMS CLAIMED FOR INSURED UNDER ANY OTHER POLICY? YES  NO  IF YES, STATE INSURER'S NAME AND ADDRESS:  
 \_\_\_\_\_

8. HAVE ANY OF THESE ITEMS SINCE BEEN RETURNED TO YOU? YES  NO

FULL DESCRIPTION OF PROPERTY LOST OR DAMAGED	ORIGINAL DATE PURCHASED	ORIGINAL PURCHASE PRICE	PRESENT COST OF REPLACEMENT
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$
	/ /	\$	\$

**MONEY** PLEASE ATTACH PROOF OF OWNERSHIP – EG BANK EXCHANGE RECEIPTS AND POLICE REPORT

DATE OF LOSS:    /    /    TIME:    AM  PM     EXACT LOCALITY: \_\_\_\_\_

FULL CIRCUMSTANCES OF CLAIM:  
 \_\_\_\_\_  
 \_\_\_\_\_

FULL AMOUNT OF LOSS: (PLEASE STATE CURRENCY) \$ \_\_\_\_\_

**PERSONAL BODILY INJURY, IN-FLIGHT ACCIDENT INJURY, PERSONAL LIABILITY**

PLEASE STATE DETAILS OF LOSS:  
 \_\_\_\_\_

PLEASE STATE AMOUNT CLAIMED: \$ \_\_\_\_\_ YOU MAY BE ASKED TO COMPLETE A MORE DETAILED CLAIM FORM FOR THIS SECTION

**LOSS OF INCOME (FOR INJURY ONLY)** PLEASE ATTACH ALL RELEVANT MEDICAL DOCUMENTS

DETAILS OF ACCIDENT:  
 \_\_\_\_\_  
 \_\_\_\_\_

ACC REFERENCE NUMBER: \_\_\_\_\_

FROM YOUR EMPLOYER PLEASE OBTAIN:  
 1. CONFIRMATION OF YOUR ONGOING EMPLOYMENT  
 2. NET MONTHLY INCOME

**RENTAL VEHICLE EXCESS** PLEASE ATTACH ALL DOCUMENTS AND CLAIM FORM RELATING TO THE ACCIDENT

PLEASE STATE AMOUNT CLAIMED: \$ \_\_\_\_\_ DATE OF ACCIDENT:    /    /

PLACE ACCIDENT OCCURRED AND CIRCUMSTANCES OF THE ACCIDENT:  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION: TO BE SIGNED BY THE INSURED PERSON**

- I DECLARE THAT THE PARTICULARS STATED HEREIN ARE TRUE AND CORRECT IN EVERY DETAIL AND I AGREE THAT IF I HAVE MADE, OR IN ANY FURTHER DECLARATION IN RESPECT OF THIS CLAIM, SHALL MAKE ANY FALSE OR FRAUDULENT STATEMENT, OR SUPPRESS, CONCEAL OR FALSELY STATE ANY MATERIAL FACT WHATSOEVER, THE POLICY SHALL BE VOID AND ALL RIGHTS TO RECOVER THEREUNDER SHALL BE FORFEITED – ANY CLAIM THAT IS EXAGGERATED CAN ALSO VOID ALL RIGHTS.
- I DECLARE THAT I HAVE NO OTHER INSURANCE COVERING THIS LOSS.
- I FURTHER DECLARE THAT I HAVE NOT HAD ANY PREVIOUS INSURANCE CLAIMS DECLINED.
- I CONSENT TO MEDICAL INFORMATION BEING SOUGHT FROM MY USUAL DOCTOR OR SPECIALIST.
- I CONSENT TO MIKE HENRY (NZ) LTD OBTAINING OR RELEASING TO THE APPROPRIATE INDIVIDUALS OR ORGANISATIONS INFORMATION RELEVANT TO THIS CLAIM OR ANY OTHER CLAIMS MADE AGAINST MIKE HENRY (NZ) LTD.
- I CONSENT TO MIKE HENRY (NZ) LTD BEING GRANTED ACCESS TO ALL INFORMATION ON MY PERSONAL ACC FILE RELEVANT TO THIS CLAIM.

**INSURED'S SIGNATURE:** \_\_\_\_\_ DATE:    /    /

HAVE YOU REMEMBERED TO INCLUDE ALL YOUR ORIGINAL RECEIPTS, DOCUMENTATION AND POLICY COUPON THAT RELATE TO THIS CLAIM?  
 IF YES, PLEASE SEND TO: **MIKE HENRY (NZ) LTD PO BOX 8672 SYMONDS STREET, AUCKLAND.**