



Your policy number _____

Please complete this form in English.

Notes: For security reasons, you will not be able to save any information typed on this form.

Your personal details

Gender ☐ Female ☐ Male

Family name _____ Given name _____ Date of birth _____

Email address _____

Mailing address _____

Mobile phone _____ Home number _____

New Zealand bank account number

DECLARATION:

I/We declare that:

- all information provided (including answers to all questions), is truthful, accurate, complete and not misleading.
- the amount claimed is not covered by another insurance policy, medical scheme or free health care (or treatment).

PRIVACY ACT AUTHORISATIONS

I /We authorise OrbitProtect Ltd / Lumley General Insurance NZ Ltd or their representatives or agents to obtain all information required to process, investigate and verify the claim from any other party and to release the information to other parties if requested. A photocopy of this authorisation shall be considered as valid and effective as the original.

SIGNATURE : _____

DATE: _____

Medical and optical costs

Describe the nature of your illness or injuries. _____

When did the illness or injuries occur? _____

Where did the illness or injuries occur? _____

Where did you receive your medical treatment? _____

Have you had any previous treatment for this condition? ☐ Yes ☐ No

If yes, please advice the date when you first had the treatment. _____

If it is optical claim, please advise the date when you first noticed your vision changed in NZ. _____

Total medical and optical costs claimed NZ\$ _____

[Print Form](#)



Please complete this form in English.

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Personal items / travel documents / money claims

When did the loss occur?

Where did the loss occur?

Describe how the loss occurred.

If the loss involved theft or burglary, when was the police notified?

Please attached a report or written confirmation from the police.

Item description

Date of purchased

Place of purchase

Original or repair cost (NZ\$)

Item description

Date of purchased

Place of purchase

Original or repair cost (NZ\$)

Item description

Date of purchased

Place of purchase

Original or repair cost (NZ\$)

If you are claiming for more than 3 items, please attach a separate sheet.

All other types of claims

Describe reason(s) for your claim(s)

When did this occur?
