

FOREIGN CLAIM QUESTIONNAIRE

To be completed for claims involving loss outside New Zealand.

Name of Insured person:	
Inland Revenue Department Number/Foreign ID Number/Country:	
Address (in New Zealand/Foreign Country):	
Suburb-Town/City-Postcode/Foreign Code:	
Claim filed for (Name):	
Inland Revenue Department Number/Foreign ID Number/Country:	
Address (in New Zealand/Foreign Country):	
Suburb-Town/City-Postcode/Foreign Code:	
Date of Birth:	Place of Birth:

New Zealand Citizen: Yes No

Date first entered N.Z.: _____ Date last exited N.Z.: _____

Length of time in country, at time of death: _____

Reason for visit & anticipated return date: _____

Date of Death: _____ Place of Death: _____

Cause/Circumstances of Death:

(a) Accident - Details, names and addresses of witnesses. Name of Investigator and Police Department: _____

(b) Natural Causes - Name of illness and date illness began:

When insured left the U.S., how was health? Taking any medication? If so, name of medication, name and address of prescribing physician.

Positive identification of body made by whom, name and address:
Location of grave:
Name of cemetery:
Purpose of trip:
Details of any other insurance coverage (Policy number, amount and type of coverage):

NAMES/ADDRESSES/TELEPHONE NUMBERS OF RELATIVES/FRIENDS IN COUNTRY OF DEATH OR PERSONS WITH KNOWLEDGE/INFORMATION REGARDING THE DEATH:

(IF NONE, SO STATE AND SIGN HERE): _____

DATE: _____

ALL AVAILABLE DOCUMENTS INCLUDING, BUT NOT LIMITED TO:

(Please provide originals, unless requested otherwise. If certain items are not available, please provide an explanation.)

✓	Airline Tickets (To & From NZ)	N/A	Visa
✓	Death Certificate	✓	New Zealand/Overseas Passport
✓	Obituary	✓	Birth Certificate
✓	Burial permit with seal	✓	Photo of Deceased
✓	Police report	✓	Doctor Bills
✓	Hospital bills	✓	Newspaper Clipping
✓	Autopsy Report	✓	Pd. Receipts for Burial/Funeral Expenses
✓	New Zealand Driver's Licence	✓	Telephone Bill
✓	Certificate of New Zealand Citizenship	✓	Funeral Video
✓	Funeral Photos	✓	Cremation Permit
✓	New Zealand 18 Plus Card	✓	Physician's Statement
✓	Claimant's Statement	✓	Certificate of identity issued by the New Zealand Immigration Service

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim, containing any false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits fraud, which is a crime.

I hereby certify that the above information is correct, and declare that all answers are complete and true, and agree that the furnishing of this additional, supplemental information, shall not constitute an admission of liability, nor a waiver of any of the company's rights and defenses.

SIGNATURE: _____ DATE: _____

(Claimant/Insured)

RELATIONSHIP: _____

WITNESS: _____