

Claim Form

How do I make a claim with Cover-More?

The easiest way to submit a claim with Cover-More is to use our Online Claims Tool at claims.covermore.co.nz

You can make your claim with Cover-More in 3 simple steps:

1 Fill out the claim form

Please look at the below table to see which sections of the claim form are needed for your claim and what pages they can be found on.

| I am claiming for: | I need to fill out: | On pages: |
|---|---|--------------|
| A medical cost I incurred overseas | Part 1, Part 2, Medical form | 2-3, 9-10 |
| Additional transport or accommodation costs I incurred on my trip | Part 1, Part 3, Medical form is needed if the event was an illness/injury | 2-3, 4, 9-10 |
| The cost of amending/cancelling my trip | Part 1, Part 4 | 2-3, 5-6 |
| - due to illness | Medical form | 9-10 |
| - and I have a travel agent | Travel agent form | 11-12 |
| Lost/stolen/damaged luggage or money | Part 1, Part 5 | 2-3, 7 |
| Clothing and toiletries I purchased due to a luggage delay | Part 1, Part 6 | 2-3, 8 |
| Rental car insurance excess | Part 1, Part 7 | 2-3, 8 |
| Something not listed above | Part 1, Part 8 | 2-3, 8 |

If you have more than one reason to claim (E.g. lost luggage at the start of your trip and a medical bill at the end), please fill out all relevant parts of the form.

2 Provide all relevant documentation

- Each section of the claim form has a checklist of the documents we require to support your claim
- If you can't provide any of the documents we request, please include a letter explaining why
- We accept documents in a foreign language

3 Send us your claim

| | |
|---|---|
| @ | claimsprocessing@covermore.co.nz (you can send up to 10MB of attachments) |
| ✉ | Cover-More Claims Department, P.O Box 105-203, Auckland 1143 (registered or express post recommended) |

What happens next?

Once we receive your claim, we will contact you within 10 business days with our response to your claim.

Please do not staple or glue the pages of this claim form or any included documents together before submitting to our office.

Part 1 (cont): General Information (This part of the claim form is compulsory)

e. Claim Details

Date of incident / / Time AM/PM

Country

Town

Whereabouts/location

Please provide an explanation of your claim and why you are claiming (Please attach a letter if more space is required).

If the claim was caused by a health condition/dental problem/death please answer the following questions:

Person whose state of health/dental problems/death caused the claim
 Given name/s

Surname

Relationship of that person to you

Has the illness/injury occurred before? Yes No If yes, advise the condition

Were you/was the person treated as a hospital inpatient overseas? Yes No

Date Admitted / / Time Admitted AM/PM

Date Discharged / / Time Discharged AM/PM

Did you/the person contact the 24 hour emergency assistance company? Yes No

REQUIRED DOCUMENTATION FOR ALL CLAIMS

- Original itinerary
- Certificate of Insurance

Part 2: Overseas Medical and Dental

Please list each bill/receipt separately:

| Name of doctor, dentist, pharmacy, hospital or provider | Date of treatment, consultation etc. | Amount charged (include currency) | Paid? |
|---|---|-----------------------------------|--|
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

REQUIRED DOCUMENTATION FOR OVERSEAS MEDICAL AND DENTAL CLAIMS

- Medical reports from the treating overseas medical provider which confirm the diagnosis.
- All original invoices and receipts.
- If the claim is due to a dental condition, we require written confirmation from the treating dentist that the treatment was not caused by or related to the deterioration and/or decay of teeth or associated tissue.
- Medical Certificate completed by your usual medical practitioner (page 9-10).
- Medical Authority (page 9) completed by the person whose state of health caused the claim or executor of the estate if applicable.

Part 3: Additional Expenses

Please complete this section if you are claiming for expenses incurred as a result of an unforeseen event.
E.g. Accommodation and transport expenses.

Please provide a full description of why the additional expenses were incurred.

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| |

| Description of cost | Amount claimed | Description of cost | Amount claimed |
|---------------------|----------------|---------------------|----------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

If the above event had not occurred, what were your original plans for this same time period?

| |
|--|
| |
| |
| |
| |
| |
| |

| Original plan | Cost | Original plan | Cost |
|---------------|------|---------------|------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

Were your original plans above pre-paid? Yes No Partly paid

If your original plans were pre-paid, did you receive a refund? Yes No

If yes, please advise the amount

If your claim is due to travel delay please advise when you were due to depart and when you actually departed.

When were you due to depart?

Date / / Time AM/PM

When did you actually depart?

Date / / Time AM/PM

Mode of transport

Transport provider name

| | |
|--|--|
| | |
|--|--|

REQUIRED DOCUMENTATION FOR ADDITIONAL EXPENSES CLAIMS

- All original invoices and receipts.
- If the claim is due to travel delay, you will need to supply a letter from the transport provider that confirms the length and reason for the delay as well as any compensation offered.

If caused by a medical condition:

- If the expenses were incurred due to someone's health, you will need to supply a medical report from the treating overseas medical practitioner confirming the nature of the illness or injury that gave rise to your claim.
- Medical Certificate completed by your usual medical practitioner (page 9-10) for claims due to a medical condition, illness or death.
- Medical Authority completed (page 9) by the patient whose health has caused the claim or the Executor of the Estate for claims due to a medical condition, illness or death.

Part 4: Amendment or Cancellation Costs

Please sign below if you would like your Travel Agent to be able to liaise with Cover-More on your behalf.

| | |
|--|---|
| Name of your travel agency <input style="width: 95%;" type="text"/> | Travel consultant's name <input style="width: 95%;" type="text"/> |
| Signature of Policyholder(s) <input style="width: 95%; height: 40px;" type="text"/> | Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

You only need to complete the below for travel arrangements being claimed that were not arranged by a travel agent.

Your policy covers you for amendment or cancellation, whichever is the less (subject to policy limits and the terms and conditions of the Policy Wording). Firstly you need to work out how much it would cost you to amend your journey (e.g. to travel at a later date) vs. the non-refundable amount you won't be able to get back if you cancel the journey. In most cases it is cheaper to amend your journey rather than cancel. If you have not made any changes to your travel yet as a result of a potential claim under this section, please phone us and we will guide you.

| | Amendment costs | OR | Cancellation costs | | |
|---|---|----|---|---|---|
| | Travel Arrangement | | A. Amount paid | B. Amount refunded by supplier | Amount Claimable (A minus B) |
| Flights (excluding taxes) | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Flight Taxes | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> | Fully refundable by the airline | \$0 |
| Hotels | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Packages | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Other (i.e. car hire, rail passes, transfers etc.) | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Total | \$ <input style="width: 100%;" type="text"/> | | Total \$ <input style="width: 100%;" type="text"/> | | |

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)? \$

On what date did you cancel/amend your journey?
 /

 /

Can you travel on different dates? Yes No If No, please explain the reason why you have not amended the journey

See page 6 for required documents.

REQUIRED DOCUMENTATION FOR AMENDMENT AND CANCELLATION COST CLAIMS

A copy of your original itemised invoice for your travel arrangements.

If due to someone's health (medical condition, injury or death):

Medical Certificate (page 9-10) completed by the usual medical practitioner.

Medical Authority (page 9) completed by the person whose state of health caused the claim or the Executor of the Estate.

Additionally, if the claim is due to someone's death you will need to provide a full copy of the Death Certificate (not an extract) that states the cause of death.

[Please note that you can obtain the travel information required below from your travel agent or supplier directly].

International flights documentation (for any international flights)

• A copy of the airline fare sheet/rules (showing the fare conditions).

• Virgin: confirm if the ticket has been changed to travel at a later date. If the date hasn't been changed, confirm if the customer can use the 12 month credit allowance. If the customer is unable to use the credit, the customer must state in writing why they are unable to use the credit and that they forgo the credit to Cover-More.

• NB: Please check the conditions as many airlines have waivers e.g. in the case that a passenger or their relative dies, you may be able to claim a refund from the airline with the submission of a medical or death certificate. This must be applied for first before submitting a claim.

Domestic flights documentation (for any domestic flights)

• Jetstar: Confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.

• Air New Zealand: Identify what the specific conditions are for the Air New Zealand fare. e.g. "Seat + Bag", "Flexitime", etc and confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.

Land arrangements documentation (for any land bookings)

• We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.

• If the booking conditions do not specify exactly what cancellation fees apply (e.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much you are to be refunded.

Cruise documentation (for any cruises)

• We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the brochures.

• We also need a breakdown of any tax component (i.e. port taxes) that should be refundable.

Part 5: Luggage and Money

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time (please attach a letter if more space required). If the items you are claiming for were with another person at the time of loss, please provide their full name and contact details, and please describe how they are known to you.

| |
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| |

Were the Police or a responsible authority notified? Yes No Report Reference Number

If No, please explain why this policy requirement was not met.

| |
|--|
| |
| |

Do you have a home and contents insurance policy? Yes No If Yes, please state:

Name of Insurer

Policy number

Have you submitted a claim with them yet? Yes No

If Yes, please provide your household insurance claim number:

(Where applicable) Have you submitted a claim with the transport provider responsible for causing the claim? Yes No

If No, there is a liability imposed on airlines by the 1999 Montreal Convention for costs associated with lost or delayed luggage so you should claim from them before submitting your claim to us. For other transport providers you also need to submit a claim directly to them in the first instance. Travel Insurance protects you against the amount the responsible transport provider is unable to compensate you for, subject to your policy conditions and limits.

If Yes, please give details and the claim reference number.

Have you received compensation from the airline or transport provider? Yes No

If Yes, what amount did you receive in compensation? Please make sure you attach written confirmation of this figure.

WARNING: Unfortunately, fraudulent claims increase travel costs for all travellers. Cover-More has a dedicated team of fraud specialists that investigate all claims. Fraud includes claiming for items that you have never owned, claiming for items that were not lost or stolen, inflating the amount of your claim or providing false or misleading information about how the loss occurred. Lodging a claim that has been fabricated, inflated or overstated is a fraudulent act. All cases of fraud will be reported to the Police and can result in imprisonment.

| Full description of each item | Brand, model, number etc | Original purchase price & currency | Month & year of purchase | Place of purchase | Proof of ownership attached? | Have you replaced this item? | What amount are you claiming? (NZD\$) |
|-------------------------------|--------------------------|------------------------------------|--------------------------|-------------------|------------------------------|------------------------------|---------------------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Total \$

REQUIRED DOCUMENTATION FOR LUGGAGE AND MONEY CLAIMS

- Loss/theft/damage report e.g. Police report, hotel report, transport provider letter etc.
- For items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying.
- For electrical items e.g. cameras, computers, mobile phones, MP3 players, tablet computers etc., we require the receipts. If you no longer have the receipt please obtain a duplicate from the place of purchase.
- If you are claiming for a mobile phone (including smart phone) we require a letter from the mobile network service provider confirming the date your connection was barred and the mobile device blacklisted.
- For all other items, we require purchase receipts (or duplicates from the place of purchase). Other documents you may submit for consideration credit card or bank statements.
- Damaged Items: Obtain from a repairer (of your choice) a quote stating the repair cost or a letter stating that the item is damaged beyond economical repair. If so, we may request the damaged item to be sent to us so please keep it.
- For items you have replaced already: A copy of the receipts for the replacement items. Please keep the originals in your possession.

Part 6: Delayed Luggage

Have you received compensation from the airline? Yes No If Yes, what was the compensated amount? Please attach confirmation

If No, for items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying. Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits. You need to claim compensation from the transport provider in the first instance before submitting your claim to us.

When did your flight arrive?

Date / / Time AM/PM

When did you receive your luggage back?

Date / / Time AM/PM

| Description of items purchased | Price and currency | Description of items purchased | Price and currency |
|--------------------------------|--------------------|--------------------------------|--------------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

For the traveller(s) affected: How many bags did you check in? How many of these bags were delayed?

REQUIRED DOCUMENTATION

- Original (not photocopy) loss report from the transport provider with confirmation that all of your luggage was delayed, the length of time your total luggage was delayed and details of compensation paid by them.
- Original (not photocopy), itemised receipts for essential, emergency purchases of clothing & toiletries (made whilst your luggage was delayed).

Part 7: Rental Car Insurance Excess

Date of incident / / Time AM/PM Country Location

Please advise how the accident/damage/theft occurred

Excess you were liable to pay Repair costs Amount you are claiming

Was there another party at fault? Yes No

If yes, please provide the name and address of the at fault party as well as their insurance details if known.

Did the police attend the scene? Yes No Have you received compensation from any person or party involved? Yes No

If yes, what amount did you receive in compensation? Registration number of the at fault party vehicle

Note: If the cost of repairs was less than the excess charged, please contact the rental car company to obtain a refund of the difference.

REQUIRED DOCUMENTATION FOR RENTAL CAR INSURANCE EXCESS CLAIMS

- The Rental Agreement/contract showing the excess you were liable to pay in the event of damage or theft.
- A copy of the itemised repair invoice/quote showing the cost of repairs to the vehicle.
- A copy of the documents showing the amount debited by the rental car company for the damages/excess.
- The report made to the police or other relevant authority.
- If another party was at fault, written confirmation from them of the compensation payable by them/their insurer.

Part 8: Other Expenses Claimed

This section is for any other expenses not mentioned above.

| Nature of expense | Amount claimed | Nature of expense | Amount claimed |
|-------------------|----------------|-------------------|----------------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

Please forward relevant supporting documentation to assist us in processing your claim. For more information, contact Customer Service on 0800 500 225

Submit your claim to Cover-More by:

Post: Cover-More Claims Department PO Box 105 203, Auckland 1143 **Email:** claims@covermore.co.nz

Medical Authority (To be completed by the person who was ill/injured)

To be completed by the person whose state of health caused the claim (or their Parent/Guardian, Executor of the Estate or Power of Attorney if applicable). Details of the patient's usual doctor (of at least 12 months prior to the policy issue date).

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the medical/dental condition/s/injury/ies or death which resulted in this claim. I acknowledge that a photocopy/scanned copy of this authorisation shall be considered as valid as the original.

| | | |
|---|---|--|
| Signature of patient/Executor/Power of Attorney | Signatories name | Date of birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| | Medical Practitioner's email or postal address (include postcode) | |
| | <input type="text"/> | |

Medical Certificate (To be completed by the patient's usual Medical Practitioner)

To be obtained at the claimant's own expense from the patient's usual medical practitioner (whom they have been attending for at least 12 months prior to the issue date of the policy). Required for all claims arising from a person's health / medical condition, death or dental condition. If you do not have a usual medical practitioner, please contact our office directly.

IMPORTANT: The medical practitioner is respectfully requested to give as much detail as possible when answering these questions in order to assist our client with their claim and avoid the necessity of additional questions. PLEASE USE BLOCK LETTERS. You may reply in letter format however answers to each of the questions below that are relevant to your patient or the claim being made by the claimant will need to be included.

PLEASE INCLUDE ALL PATIENT DISCHARGE SUMMARIES

| | |
|--|---|
| 1. Name of patient | 2. Date of birth |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 3. Are you the patient's usual General Practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. If Yes, for how long? | b. If No, do you have access to their medical records? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | From what date? <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 4. Please give a precise diagnosis of the illness or injury or cause of death that has given rise to the claim. If an injury, how was it sustained? | |
| <input type="text"/> | |
| 5. On what date did the patient first consult You in relation to this condition or symptoms of this condition? | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 6. Have you or anyone else known to you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in the answer to question 4? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Prior to the policy issue date, was the patient receiving any regular advice, treatment or medication or being investigated for this condition or any similar/related condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details and please provide details and include copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years. | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| 8. Please provide details of the patient's health at the time when the insurance was issued and the likelihood of the patient's health leading to hospitalisation or death after this time. | |
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |

Medical Certificate (page 2 of 2)

9. Please provide the following dates, where applicable.

a. Date of onset of illness/injury/death and/or date of deterioration/exacerbation

□□ / □□ / □□

b. Date tests prescribed

□□ / □□ / □□

c. Date tests carried out

□□ / □□ / □□

d. Date results advised to the patient

□□ / □□ / □□

e. Date referred to specialist/surgeon

□□ / □□ / □□

f. Date of death

□□ / □□ / □□

g. Name and address of specialist/surgeon

10. Date the patient was advised that they would not be able to travel.

□□ / □□ / □□

11. If due to pregnancy:

a. On what date was the pregnancy confirmed?

□□ / □□ / □□

b. How many weeks pregnant was the person on this date?

c. Was the conception medically assisted? Yes No

d. Have there been previous complications with this or any other pregnancy? Yes No

12. Was the patient on a waiting list for hospital? Yes No If Yes, please give details.

13. Was the patient hospitalised?

Yes No

Non-Traveller Questions (This section only applies if you are claiming due to the health of a relative or business partner)

14. Was it medically necessary for the traveller to amend or cancel their journey;

Yes No

15. Has your patient been hospitalised in the previous 12 months for a condition that was directly or indirectly arising from or related to the condition causing the claim as stated above?;

Yes No If yes: Please provide all copies of the hospital discharge summaries

16. Did your patient reside in a facility such as a nursing home, an aged care facility, a residential aged care home, a high and/or low care facility, a privately owned accommodation facility such as Supported Residential Services or Facilities (SRS/SRF) or, a residential care facility;

Yes No

17. Was your patient residing independently at home or in a retirement home or village, including independent living arrangements, and they did not require home care or flexible care services;

Yes No

18. Was your patient on a waiting list for, or did they know they needed surgery, inpatient treatment or tests at a hospital or clinic?

Yes No If yes: Please provide relevant documentation to support same or copy confirmation of wait-listed surgery

19. Did the patient have a terminal illness (for which a terminal prognosis has been given by a qualified medical practitioner and which is likely to result in death.)

Yes No If yes: Please advise when the terminal diagnosis was provided to the patient.

20. Did the patient have a drug or alcohol addiction?

Yes No If yes: Please provide when the patient was diagnosed with the addiction

I certify that I have examined the patient named above and/or have referred to their medical or dental records and confirm that the information given in this Medical Certificate is a true and correct statement.

Medical practitioner Signature

Name

Date

□□ / □□ / □□

Qualification

Telephone

Relationship to patient (if applicable)

Medical practitioner phone number

Medical practitioner email address

REQUIRED DOCUMENTATION

Please note: Failure to send the documentation below or failure to fully complete the form above, could result in a delay to processing your customer's claim. What you need to attach:

- A copy of your customer's itinerary**
- A copy of the itemised invoice**
- International flights documentation (for any international flights)**
 - A copy of the airline fare sheet/rules (showing the fare conditions).
 - Virgin: confirm if the ticket has been changed to travel at a later date. If the date hasn't been changed, confirm if the customer can use the 12 month credit allowance. If the customer is unable to use the credit, the customer must state in writing why they are unable to use the credit and that they forgo the credit to Cover-More.
 - NB: Please check the conditions as many airlines have waivers e.g. in the case that a passenger or their relative dies, the customer may be able to claim a refund from the airline with the submission of a medical or death certificate. This must be applied for first before submitting a claim.
- Domestic flights documentation (for any domestic flights)**
 - Jetstar: Confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.
 - Air New Zealand: Identify what the specific conditions are for the Air New Zealand fare. e.g. "Seat + Bag", "Flexitime", etc and confirm if the ticket has been changed to travel at a later date or advise what amounts, if any, are being held in credit with the airline.
- Land arrangements documentation (for any land bookings)**
 - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the back of the relevant brochures.
 - If the booking conditions do not specify exactly what cancellation fees apply (e.g. cancellation fees may be up to 100%) then we require written confirmation from the wholesaler confirming how much the customer is to be refunded.
- Cruise documentation (for any cruises)**
 - We require a copy of the providers booking conditions showing the published cancellation penalties. This is usually shown in the brochures.
 - We also need a breakdown of any tax component (i.e. port taxes) that should be refundable.

Remember to make a copy of all documents submitted for your Customer in case they become lost in the mail.

Did you know that many airlines offer a cancellation waiver due to the death of a passenger or close family member?

Please ensure you check the airline terms and conditions as many airlines offer this waiver even on non-refundable tickets, with the submission of the death or medical certificate.

Here is an example of an airlines waiver in regards to death:

"waiver permitted for death of a passenger/an accompanying passenger/immediate relative as defined in general rules/legal guardian or ward as validated by a death or medical certificate".

Check the terms and conditions relevant to the customer's other bookings to see if they are entitled to this refund as these need to be applied for prior to submitting a claim form to Cover-More.