



Studentsafe Inbound Young Learners Platinum Application Form

Insured Person(s)

<input type="checkbox"/> Mr <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx		
Family name (As shown in Passport)		
First of given names		
Date of birth (Day/Month/Year) / /		
Country of origin / home country		
Name of school/institute attending in NZ		
Student ID number (if known)		
Emergency contact/guardian name		
Emergency contact/guardian phone number		

Visa Details

Are you a permanent resident of NZ Yes No

Do you hold a current NZ student visa for the duration of the time you are studying in New Zealand (or a visitor visa if studying for no more than three months)? Yes No

Visa Expiry Date / /

Contact Details in New Zealand

Address	
Phone number	Mobile phone
Email address	

Period of Cover/Insurance

Start date* date (Day/Month/Year) / /	End date (Day/Month/Year) / /
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*(The date of departure from your home country, or if you are in New Zealand the date you want cover to begin)

Cover under Section 2 (1) Loss of Deposits commences on the day the premium is paid. For all other Sections, cover commences from the start date noted above.

Specified Items

Please note that the maximum insurable value for any item, set or pair of items is \$5,000.

Do you wish to specify any items? Yes No

In the event of a claim, you must be able to support the claim with receipts or valuations.

Item Description (including make, model and serial number)	Date of Purchase	Place Where Purchased	Purchase Price in NZ Currency
	/ /		
	/ /		
	/ /		
	/ /		

Pre-Existing Medical Conditions

You are not automatically covered for Pre-existing Medical Conditions. A Pre-existing Medical Condition is any medical or physical condition or circumstance that:

- (a) you; or
- (b) a family member covered under this plan; or
- (c) a parent or close family member (in your country of origin) not covered under this plan; may have before you purchase the insurance, and which may result in a claim being made. This includes conditions or circumstances the individual was aware of, or ought to have been aware of, but did not seek treatment for.

Pre-existing Medical Conditions are a general exclusion under this insurance policy.

If you require cover for your pre-existing conditions, you will need to complete a Medical Risk Assessment form before you purchase this insurance. This form is available from our website on www.insurancesafenz.com.

It is very important that you read the policy wording and understand the definition of a Pre-Existing Medical Condition.

I have read and understood the definition of a Pre-Existing Medical Condition; and

Tick One Option

- I do not have any Pre-Existing Medical Conditions
- I have a pre-existing medical condition and I wish to apply for cover (Please complete the Studentsafe Medical Risk Assessment Form, available from www.insurancesafenz.com)
- I have a pre-existing medical condition but do not want to apply for cover and understand that I have no cover for claims directly or indirectly arising from my pre-existing condition.

Declaration

Duty of Disclosure

When you apply for insurance, you have a duty at law, to disclose to us all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to us.

If you fail to comply with your duty of disclosure it may result in:

- your policy being void retrospectively;
- your policy being cancelled; or
- the amount we pay if you make a claim being reduced.

I hereby declare:

To the best of my/our knowledge all the statements in this form are correct.

I have not withheld any information material to this application.

I understand that:

- the personal information provided in this form is being collected by Allianz Partners to enable it to evaluate my/our application;
- I have certain rights of access to and correction of the personal information provided by me/us on this form or in support of any claim, but if I do provide any incorrect information, Allianz Partners may be entitled to decline any claim.

Privacy Notice

To arrange and manage your travel insurance, we (in this Privacy Notice "we", "our" and "us" means AWP Services New Zealand Limited trading as Allianz Global Assistance of Level 3, 1 Byron Avenue, Takapuna, Auckland, and our authorised agents) collect and hold personal information from you and others (including those authorised by you such as your family members, travelling companions, your doctors, hospitals, and other persons whom we consider necessary including our agents).

Any personal information provided to us is used by us and our agents to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, recovery against third parties and for any other purpose with your consent or where authorised by law.

You authorise us to disclose your personal information to recipients including third parties in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, transportation providers, legal and other professional advisers, your agents and travelling companions, our related and group companies and Allianz New Zealand.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree to the above or will not provide us with personal information, we may not be able to provide you with our services or products, process your application, issue you with a policy or process your claims.

You can seek access to and correct your personal information subject to the provisions of the Privacy Act 1993.

Signature of Policy Holder or Parent/Guardian if under the age of 18 years.

Name
Date / /
Signature