



## TRAVEL CLAIM REPORT

### POLICY HOLDERS DETAILS

Policy Number (From your schedule)

Expiry Date

Insured (Surname, Company, Partnership, Occupation)

Given Name(s) of the Insured

Contact Person (for the company or partnership)

Are you registered for GST Purposes?

No Yes

What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes Percentage Claimable

Address

Contact Number

### TRAVEL INFORMATION - COMPULSARY

Departure Date

Return Date

Departure City

Destination City

Departure Country

Destination Country

Reason for travel:-

Work

Holiday

Combination

Other



If yes please provide report/incident number

Were the articles lost by a carrier? Yes

No

Were all the missing articles your property? Yes

No

if no, who is the owner?

Have you lodged a claim or complaint against the carrier/airline or other authority or against any individual responsible for the loss or damage to your property?

Yes No

If Yes, Please provide details and attach correspondence

If you are claiming for spectacles, dentures or a hearing aid, are these items claimable against your private health fund?

Yes No

Name of Fund Membership Number Amount Paid by Health Insurer

Full Description of Items claim Original Cost Price Date and Place of Purchase Amount Claimed

**DELAYED BAGGAGE (IF APPLICABLE)**

Date of Arrival Time of Arrival AM PM

Date of Luggage Arrival Time of Arrival AM PM

**ADDITIONAL AND/OR FORFEITED EXPENSES – (IF APPLICABLE)**

*This Section is ONLY to be completed where the event has occurred AFTER THE COMMENCEMENT of the insured travel. Only original accounts or receipts for accommodation and transportation costs will be accepted.*

*For Additional expenses a MEDICAL CERTIFICATE or the medical certificate on page 6 of this form, from the doctor who treated you must be provided to support change of plans due to accident, illness or death.*

If you are claiming for additional expenses, what were you original plans for accommodation/transport and how were they changed?

Date of Expenses                      Additional Transport/Accommodation Expenses                      Amount Claimed

Date of Expenses                      Forfeited Expenses                      Amount Claimed

**HIRE CAR EXPENSES – (IF APPLICABLE)**

*Please ensure a copy of your hire Vehicle Agreement, Damage report and repair invoice(s) are attached*

Type of Vehicle

Car                      Other

Name of Hire Vehicle Company

Title                      Driver's Full Name

Rental Vehicle Excess                      Actual Repair Costs                      Amount Claiming

## CANCELLATION/LOSS OF DEPOSITS – (IF APPLICABLE)

*This section is to be completed if you are claiming because you cancelled your trip PRIOR to departure as a result of injury, illness or death, you MUST have a Medical Certificate*

*Any supporting documents from the travel provider showering cancellation charges must be submitted with this form.*

Booking date of Travel Arrangements

Date of Cancellation

Reason for Cancellation

*If cancellation is due to accident, illness or death, please state the name of the person whose accident illness or death necessitates the cancellation of the travel.*

**IN THE EVENT OF DEATH, PLEASE ATTACH DEATH CERTIFICATE**

Given Names

Family Name

Relationship of Person to Claimant

Amount Paid

Amount Refunded

Amount Claiming

If no refund amount is noted please state why (you must obtain all refunds where possible)

## DECLARATION

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of Insured or person with authority to sign  
For and on behalf of a company or partnership

Date