



Registered Insurance Brokers
AFSL No. 233 765

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# TRAVEL CLAIM REPORT

POLICY HOLDERS DETAILS				
Policy Number	(From your schedule	e) 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 Al	BN?			
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





#### **INCIDENT DETAILS - COMPULSARY**

Date of Incident Time AM PM

Incident City Incident Country

Please describe how the accident/damage/theft/loss/illness occurred and complete relevant sections:

#### **MEDICAL EXPENSES – (IF APPLICABLE)**

This section is to be completed <u>ONLY</u> where the event has occurred after the commencement of the insured travel. <u>ALL</u> medical receipts will be required to accompany this section.

We reserve the right to call for all details of medical history of the claimant or the person whose accident, illness or death necessitates the curtailment of the journey.

All medical and hospital accounts within Australia must first be submitted to Medicare for refund, also to your private health fund if applicable.

Was the emergency assistance company contacted? Yes

No

If an Illness, has the claimant suffered this before? Yes

No

If yes, please provide details

Date of Expense Medical and or Hospital Expenses Amount Claimed

#### LOST, STOLEN OR DAMAGED LUGGAGE & PERSONAL EFFECTS (IF APPLICABLE)

In the event of loss or damage occurring whilst in the care of carriers (airlines, bus companies etc) the carrier should have been notified and a property irregularity report obtained and forwarded with this form.

We require full description of all articles lost or damaged with the details of the nature of the damage, full details of purchase price, date and where the item was purchased from together with proof of ownership of the items (e.g. Receipts, valuations, credit card statements)

Was the incident report to the police or any authority? Yes

No





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 Original Cost Price Date and Place of Purchase Amount Claimed claim

#### **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 <u>ONLY</u> to be completed where the event has occurred <u>AFTER THE COMMENCEMENT</u> 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	<b>Amount Claimed</b>
Date of Expenses	Forfeited Expenses	<b>Amount Claimed</b>

# HIRE CAR EXPENSES - (IF APPLICABLE)

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

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** 



