

Travel Insurance Claim Form

The issue of this form is not an admission of liability

This form must be fully completed in the sections applicable to your claim and signed and dated.

CLAIMANT DETAILS	
Name of Policyholder:	
Policy Number:	
Name of Traveller	
Occupation:	Date of Birth:
Address:	
Post Code:	
Telephone – Home:	Mobile:
Email:	

TRAVEL INFORMATION	
Date of Departure: / /	Scheduled return date: / /
Departure Country:	Departure City:
Destination Country:	Destination City:

PAYEE'S BANK DETAILS	
<i>When the claim has been approved the payment will be credited direct to your Bank Account</i>	
Bank:	SWIFT Code (for non-Australian banks)
Account Name(s)	BSB Number:
Account Number:	

SECTIONS BEING CLAIMED		
Overseas Medical Expenses <input type="checkbox"/>	Personal Accident & Sickness <input type="checkbox"/>	Baggage, Electronic Equipment, Money <input type="checkbox"/>
Cancellation and Travel Disruption <input type="checkbox"/>	Rental Vehicle Excess Waiver <input type="checkbox"/>	Additional Wellbeing <input type="checkbox"/>
Personal Liability <input type="checkbox"/>		

SECTION 1 – OVERSEAS MEDICAL & EVACUATION EXPENSES

- a. Diagnosis of Injury or Sickness: _____

- b. Date of Accident or Commencement of Sickness: / /
- c. Injury – give full details of Accident: _____

- d. Date of First Medical Consultation: / /
- e. Name of Doctor or Hospital: _____
- f. Details of other treatment: _____
- g. Dates in hospital: Admitted / /
 Discharged / /
- h. Have you ever suffered from the same or a similar complaint in the past? ☐ Yes ☐ No
If Yes please provide details _____

- i. Do you have a Medicare Card? ☐ Yes ☐ No
- j. Are you a member of a Private Health Insurance Fund e.g. Medibank? ☐ Yes ☐ No
- k. Name of Fund: _____

For ongoing expenses incurred after your return to Australia, if you are a member of a Private Health Fund you must claim from that fund before submitting this claim.

PLEASE INCLUDE THE FOLLOWING ITEMS WITH THIS CLAIM.

Failure to provide these items may result in delays in processing your claim.

1. Doctor's / Hospital accounts and receipts together with statements from Medicare and Private Health funds.
2. Original Doctor's Certificate.

If it is not possible to provide any of the items please advise the reason: _____

SECTION 3 – PERSONAL ACCIDENT & SICKNESS (Accidental Death)

- a. Date the accident occurred: / / Time:
- b. Please detail how the accident occurred: _____

- c. Was a coronial inquest held or is one to be held? ☐ Yes ☐ No
- d. Name, address and phone of usual family doctor: _____

- e. How long has the doctor been known to the patient? _____

PLEASE INCLUDE THE FOLLOWING ITEMS WITH THIS CLAIM.

Failure to provide these items may result in delays in processing your claim.

1. Copy of original of the Death Certificate
2. Copy of Coroner's Depositions and Findings (if applicable)

If it is not possible to provide any of the items please advise the reason: _____

SECTION 4 – BAGGAGE, PORTABLE ELECTRONIC EQUIPMENT AND MONEY

- a. Give full details of how loss, damage, theft or incident occurred: *(Detail each event)*

- b. Date of occurrence: / / Time:
- c. Date loss reported: / / Time:
- d. Loss reported to: Name _____
Address _____
- e. Were articles lost by Carrier? (e.g. Airline) ☐ Yes ☐ No
- f. Name of Carrier: _____
- g. Have you yet lodged a claim or complaint against any Carrier/Airline or other authority or against any individual responsible for the loss or damage to your property? ☐ Yes ☐ No
- h. Carrier/Airline: _____ Claim number: _____
- NOTE:** *The Warsaw Convention imposes a liability upon the Carrier and you should claim from them first*
- i. Are any of the items covered by other Insurance? ☐ Yes ☐ No
- j. Name of company: _____
- k. Were all the missing articles your property? ☐ Yes ☐ No
- l. If no, who is the owner? _____

m. Description and size of suitcase/s in which missing goods carried: _____

n. Date notified: _____ To whom: _____

o. Which police were advised? State Police Station and attach copy report if available: _____

p. Description of the incident: _____

q. Details of claim: _____

Full details of articles claimed (include value of suitcases)	Name and where from whom goods were purchased	Date of purchase	Purchase price	Amount claimed	Remarks

PLEASE INCLUDE THE FOLLOWING ITEMS WITH THIS CLAIM.

Failure to provide these items may result in delays in processing your claim.

1. Report or letter from Authority (e.g. Police, Airline) regarding the loss, where available.
2. Proof of purchase of lost goods (e.g. Receipts, Guarantee or Valuation Certificates, Card Vouchers, etc.)
3. Invoice or quotation to replace the item with another of a similar style and quality

If it is not possible to provide any of the items please advise the reason: _____

SECTION 5 – CANCELLATION AND TRAVEL DISRUPTION

a. What was the reason you could not commence/continue your proposed journey or complete the return flight? _____

b. Was the cancellation as a result of Injury/Sickness to yourself? ☐ Yes ☐ No

c. Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy?

☐ Yes ☐ No If yes, please advise their

Name: _____ Age: _____

Address: _____ Relationship: _____

d. Nature of complaint preventing travel: _____

e. Date of first Medical Treatment: _____

f. Has the Injured / Sick person had a similar condition in the past? ☐ Yes ☐ No

g. Name and address of patient's normal Doctor: _____

h. Date you advised Travel Agent to cancel bookings: _____

i. Amount of Deposit paid and date paid \$ _____ Date: _____

j. Balance of Full Fare and date paid \$ _____ Date: _____

k. TOTAL PAID \$ _____

l. Refund received on cancellation \$ _____ (excluding Insurance Premium)

m. Were any alternative arrangements offered or made? (please provide details) ☐ Yes ☐ No

n. Were any additional fares incurred as a result of cancellation (please provide details) ☐ Yes ☐ No

(Complete this section for additional expenses)

o. Reason for incurring additional expenses or forfeiting travel or Accommodation expenses: _____

p. Details of expenses incurred:

	A\$
	A\$
	A\$
	A\$
	A\$
TOTAL	A\$

q. Were these expenses incurred as a result of Injury or Sickness as claimed in previous section? ☐ Yes ☐ No

r. If these expenses were incurred as a result of Injury or Sickness to any other person, please advise:

Cause: _____

Name & age: _____

Address: _____

PLEASE INCLUDE THE FOLOWING ITEMS WITH THIS CLAIM.

Failure to provide these items may result in delays in processing your claim.

1. Original receipts and/or Tickets relating to additional expenses incurred
2. Evidence of refunds payable or that fare/accommodation is not refundable
3. Proof of cause i.e. Original Doctor's/Hospital's Certificate relating to Injured or Sick person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

If it is not possible to provide any of the items please advise the reason: _____

SECTION 6 – RENTAL VEHICLE EXCESS WAIVER

a. Date of event: / /

b. Description of damage: _____

c. Full description of the circumstances of the incident giving rise to the claim: _____

PLEASE INCLUDE THE FOLOWING ITEMS WITH THIS CLAIM.

Failure to provide these items may result in delays in processing your claim

1. The Hire Care Agreement.
2. Notice from the Hire Care Company in respect of the excess or deductible.
3. Documentation evidencing payment of excess or deductible.
4. A copy of the Hire Care Repair Invoice from the Hire Company.

If it is not possible to provide any of the items please advise the reason: _____

SECTION 8 – PERSONAL LIABILITY

- a. Date of event / / at
- b. Where did the event occur: _____
- c. Brief description (including cause of loss or damage): _____
- d. Amount claimed (as shown on the Schedule on reverse side of this form): \$ _____
- e. Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties? ☐ Yes ☐ No
(If Yes, give details including name, address & email or telephone number of third party(ies)) _____
- Have you been required to attend court as a result of this event? ☐ Yes ☐ No

DECLARATION AND AUTHORISATION - COMPLETE FOR ALL CLAIMS

To be completed by the claimant

- **I declare that** the information on this form and any documents attached to it, is correct and complete and that I have not withheld any information that could effect this claim.
- **I authorise** any hospital, physician or other person who has attended me or any other Insurer to furnish the claims managers, Proclaim, with any and all information with respect to any Sickness or Injury, medical history, consultation, prescriptions, treatment, copies of all hospital or medical reports, information on other claims for the same Injury or Sickness or any other information necessary to complete the assessment of my claim on request.
- **I authorise** any travel agent or airline to furnish the claims managers, Proclaim, with any and all information with respect to the circumstances of the lodged claim or any other information necessary to complete the assessment of my claim on request.
- **I agree** that a Photocopy of this authorisation shall be considered as effective as the original.

Name: _____ Date: _____ Signature: _____

POLICY HOLDER VERIFICATION

To be completed a representative of the Insured Company for all claims on Corporate Leisure Travel Policies

I, (Company Representative): _____

Confirm that (Insured Person): _____

Is an Employee of: _____

And is entitled to claim against the Company's Corporate / Leisure Travel Policy number: _____

Name: _____ Title: _____

Signature: _____ Date: _____

CLAIM LODGEMENT DETAILS

Please forward claim details to Proclaim using one of the following options.

We recommend keeping a copy of all documentation sent to us

- **Email** (preferred) ahclaims@proclaim.com.au
- **Fax:** 1300 858 329
- **Post:** Locked Bag 32012 Collins St East VIC 8003

For any claim enquiries, Proclaim can be contacted on: **+61 (2) 9287 1302**

Policy and coverage queries should be directed to your Insurance Broker

PRIVACY STATEMENT

Proclaim are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For full details of our Privacy Policy please visit <https://proclaim.com.au/proclaim-privacy-policy/>