

Travel. Claim Form

- **WARNING:** If you supply any untrue or false information and know that it is not true shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.

**Part A:
THE
INSURED**

1. Name of Insured: Policy No:

2. Postal Address:

3. Best contact Phone No: Best time to contact:

4. Alternative contact:

**Part B:
LUGGAGE
AND MONEY**

1. Where did the loss or damage happen? (please give the full address or details of the location)
.....

2. When did it happen? (please give date and time)

3. How did the loss or damage happen? (please give full details)
.....
.....

4. Have you done anything to reduce or recover the loss or damage? Yes No
If "Yes", please give details.....

5. Do you know of (a) any witnesses? (b) any other person who is responsible for the loss or damage? Yes No
If "Yes", please give details.....

6. Have you claimed against any airline or carrier etc.? Yes No If "Yes", please give details.....

7. Does this claim involve **burglary, theft, unexplained loss or intentional damage?** Yes No
If "Yes", it must be reported to the Police, and question 8 answered.

8. Is a Police Complaint Acknowledgement attached? Yes No If "No", please complete the details below
Reported by..... to (Station Name).....
on..... Complaint Ref.No..... Name of Attending Officer.....

- To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents. If repairs have been paid for, please attach a receipt or account.
- Wilful or reckless exaggeration of any amount claimed will forfeit the claim.
- If at all possible, keep damaged items available so that we can inspect them if needed.

| DESCRIPTION OF ITEM (Include any serial number) | FROM WHOM OBTAINED (name and address) | DATE OBTAINED (if secondhand stated item age when obtained) | CURRENT REPLACEMENT COST | REPAIR COST | office use | |
|--|--|---|--------------------------------|----------------|---|--|
| | | | | | Deduction for age, use or wear & tear | |
| | | | | | | |
| | | | | | | |
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9. Is an additional list of items attached? Yes No

10. Are you the sole owner of all lost or damaged property? Yes No If "No" please give details.....

Policy No..... Branch.....

**Part C:
MEDICAL
COSTS**

1. Name of person treated Date of Birth.....

2. Date first treated: Time: am/pm Place:.....

3. If an Accident; please state what happened.....

4. If an illness; state nature of illness:

5. Had you ever been treated for this condition or any related condition before arranging this insurance? Yes No
 If "Yes", do you have a Pre-existing Medical Extension on this policy? Yes No

6. How much do you wish to claim: \$.....
Please attach accounts and original Doctor's Certificates or receipts for any medical treatment received.

7. Can you claim compensation from any other source? Yes No
 If "Yes", please give details.....

8. If this happened in Australia, Britain or Sweden were you treated under the Public Health System? Yes No
 If "No", why not?

**Part D:
LOSS OF
DEPOSIT
TRAVEL
DELAY**

1. How was your travel affected? Cancelled Delayed Interrupted (please tick one)

2. When did this happen?

3. Why did it happen?

4. What costs are you claiming for?

5. How much do you wish to claim: \$.....
Please attach an itemised breakdown of the costs from your Travel Agent or Transport Operator.

**Part E:
PERSONAL
LIABILITY**

1. Please describe how the accident happened.....

2. Date of Accident: Time: am/pm Place:

3. Who is the other party claiming against you? Name:
 Address:

4. How much are they claiming? \$.....

5. Who do you consider was responsible for the accident and why?

Please attach a copy of any correspondence received in connection with the accident

**Part F:
GENERAL
QUESTIONS**

1. Did you contact our Emergency Assistance Service about this claim? Yes No

2. Do you have any other insurance which covers this loss or damage? Yes No

3. Have you claimed on any type of insurance in the past 5 years? Yes No
 If "Yes", to questions 1 or 3 please give full details.....

**Note: If there is any information you cannot give to us now, please mark the question, and let us have it as soon as possible.
 If there is not enough room on this form, please attach a separate sheet of paper. Is a separate sheet attached? Yes No**

**PART L:
DECLARATION
AND
SIGNATURE
Please read
and sign**

I declare that:

1. Material Facts:
 (a) All information given to _____, a business division of _____ in connection with this claim (whether oral or written) is true and correct;
 (b) No information relevant to the claim is omitted;

2. Use of Information:
 (a) My personal information collected by _____ in connection with this claim may be disclosed to:
 (i) other members of the insurance industry and Insurance Claims Register Ltd;
 (ii) parties repairing or replacing the subject matter of the claim;
 (iii) parties who have a financial interest in the subject matter of the policy;
 (b) My personal information held by any other parties in connection with this claim may be disclosed to _____

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all Insureds Date