



# Travel Insurance Report Form

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

## SECTION 1 – LUGGAGE AND PERSONAL EFFECTS

Give full details of how loss damage or theft occurred:  
(Detail each event)


Date of occurrence / / Time am/pm. Date loss reported / / Time am/pm.

Loss reported to – Name Address

Were articles lost by Carrier? (e.g. Airline) Yes/No Name

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? If so, give details and attach copies of correspondence .. ..  <b style="color: red;">NOTE: The Warsaw Convention imposes a liability upon the Carrier and you should claim on them first.</b>	Airline:	Claim No.

Are any of the items covered by other Insurance? Yes/No If Yes – which Company?

Were all the missing articles your property? Yes/No If not, who is owner?

Description and size of suitcase in which missing goods carried

Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Date of Purchase	Purchase Price	Deduction for Deprec.	Amount Claimed	Remarks

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS 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.)

Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the supporting documents please advise the reason.

### Electronic Funds Transfer (EFT) details

1. Do you want the benefit to be deposited directly into a financial institution account via EFT?  Yes  No

2. Name the account is held in:

3. BSB number (6 digits in total) Financial institution account number ( up to 9 digits only )

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(If you are unsure of the BSB number, please contact the financial institution where the account is held.)

4. Financial Institution:  Branch:

**SECTION 2 – MEDICAL EXPENSES OR CASH IN HOSPITAL**

Type of Injury or Sickness			Date of Accident or Commencement of Sickness	
Injury – Give full details of Accident				
Date of First Medical Consultation			Name of Doctor or Hospital	
Details of other treatment by Doctors/Hospital				
Dates in Hospital	Admitted	/ /	am/pm	Discharged / / am/pm
Have you ever suffered from the same or a similar complaint in the past?	Yes/No			
Yes, give details, dates, etc.				
Are you a member of a Private Health Insurance Fund e.g. Medibank?	Yes/No	Name of Fund		

**N.B. If you are a member of a Private Health Fund you must claim from that fund before submitting this claim.**

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

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

\*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:


**SECTION 3 – CANCELLATION / ADDITIONAL EXPENSES**

What was the reason you could not commence your proposed journey or complete the return flight?				
Was the cancellation as a result of Injury/Sickness to yourself?	Yes/No			
Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy	Yes/No			
If so	Name	Address	Relationship	Age
Nature of complaint preventing travel				
Date of first Medical Treatment	Has the Injured/Sick person had a similar condition in the past?			Yes/No
Name and address of Patient's normal Doctor				
Date you advised Travel Agent to cancel bookings				
Amount of Deposit paid and date paid	\$			Date
Balance of Full Fare and date paid	\$			Date
TOTAL PAID	\$			
Refund received on cancellation	\$			
Full amount being claimed	\$	(excluding Insurance Premium)		
Were any alternative arrangements offered or made (Give details)				
Were any additional fares incurred as a result of cancellation (Give details)				

...Continued Overleaf

**SECTION 3 – (continued) CANCELLATION / ADDITIONAL EXPENSES**

(Complete this section for additional expenses)

Reason for incurring additional expenses or forfeiting travel or Accommodation expenses		
		A\$
		A\$
Details of expenses incurred		A\$
		A\$
	TOTAL	A\$

Were these expenses incurred as a result of Injury or Sickness as claimed on previous page  Yes/No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of cause, name, address and age of person.

Cause \_\_\_\_\_

Name & Details \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

1. Original Receipts and/or Tickets relating to additional expenses incurred.
2. 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.

\*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 – PERSONAL MONEY**

	Date Notified
	To Whom
1. Which Police were advised? State Police Station and <u>attach copy report</u> if available	

2. Description of the incident \_\_\_\_\_

Details of claim \_\_\_\_\_

**SECTION 5 – PERSONAL LIABILITY**

Bodily Injury – Provide relevant details – Name and address of Injured Party and details of injury	
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Damage to Property – List all Property Damage together with Name and Address of Party claiming damage against you	
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Is the Injury or Damage related to a travelling companion?  Yes/No

Do you consider you were at fault? (If so, why) \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM\***

Letters or Demands of a claim made on you

\*Failure to provide these items may result in delays in processing your claim. If it is impossible to provide any of the items please advise the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_