

## TRAVEL INSURANCE CLAIM FORM

**PLEASE READ THE CLAIM FORM CAREFULLY.**

- The issue of this claim form does not constitute an admission of liability
- Omission of relevant information may delay your claim

### INSURED DETAILS

Policy No:			Insurance Company:		
Given Name:			Surname:		
Date of Birth:			Occupation:		
Address:					
Suburb			State and Postcode:		
Daytime Ph:	( )		Mobile No:		
Email Address:					

### HOLIDAY/TRIP DETAILS

Date holiday/travel was booked			
Country (where event occurred)			
Date of Departure:		Date of Return:	

### DESCRIPTION OF CIRCUMSTANCES LEADING TO CLAIM

Describe fully the circumstances of the incident, which has led you to make the claim(s):

**NOTE:** It is vital that you explain as carefully as you can, the specific circumstances leading up to and following the incident. Please continue on a separate page if insufficient space.


Please read the following carefully and then complete the appropriate section relevant to what you wish to claim for. Please note if you are claiming for various incidents then you will need to ensure that the appropriate sections are completed accordingly.

If you are claiming for	Please complete sections
Cancellation and Disruption	A
Emergency Medical, Repatriation and Other Expenses	B
Personal Accident	C
Baggage and Personal Effects, including Delayed Baggage. Money, Travel Documents and Credit Cards	D & I
Legal Expenses and Personal Liability	E
Hi-jack and Kidnap	H
Winter Sports	F
Yacht Charter Excess Waiver	G
Additional Expenses incurred or any other incident not outlined above	H

**A. CANCELLATION AND DISRUPTION**

Date on which you cancelled/postponed your trip with Tour Operator/Travel Agent/Airline:

**Trip cancelled for Medical Reasons – Note: The regular medical practitioner of the ill/injured/deceased person must complete the attached certificate.**

Full name of ill/injured/deceased person

**Trip cancelled for non-medical reasons – Supply evidence to support the reason**

Name of all persons cancelling or postponing this holiday, (including the claimant), and their relationship to the ill/injured/deceased person: -

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>

Total amount paid for trip (excluding insurance premiums):	\$	<input type="text"/>
Refund received from (	)	\$
Amount Claimed:	\$	<input type="text"/>

**DELAYED DEPARTURE**

What was the reason for the delay?

As a result of the delay did you decide to abandon your holiday? Yes  No

If yes, please advise the following:	Cost of holiday (excluding Insurance)	\$	<input type="text"/>
	Refund made by the Travel Company	\$	<input type="text"/>
	Amount Claimed	\$	<input type="text"/>

Please list all persons claiming

State the total time you were delayed: Hours:  Minutes:

**MISSED DEPARTURE**

Were the original arrangements paid for in advance? Yes  No

Have you ever received any refund of this sum? Yes  No  If yes, state amount: \$

If due to own vehicle breakdown, please give following details:

Car Make:  Model:  Registration:

What was the problem with the vehicle?

**TRAVEL ARRANGEMENT DETAILS**

Travel Itinerary/Schedule as originally booked		Amended Travel Schedule as a result of delay	
Departing from (place)	<input type="text"/>	Departing from (place)	<input type="text"/>
Time and Date	<input type="text"/>	Time and Date	<input type="text"/>
Arriving at (place)	<input type="text"/>	Arriving at (place)	<input type="text"/>
Time and Date	<input type="text"/>	Time and Date	<input type="text"/>

**B. EMERGENCY MEDICAL, REPATRIATION AND OTHER EXPENSES**

Full name of persons who's (tick applicable)  injury  illness  death resulted in the expenses claimed

Relationship to those travelling?

Was the person named booked to travel?

Date of onset of illness/injury:

Were there any other persons who in your opinion were responsible for the injury? Yes  No

If yes, please give full details:

Give details of treating Doctor: Name:

Was the Medical Emergency Assistance Company advised of the incident? Yes  No

Date:  If No, state why note:

Was the ill/injured person hospitalised? Yes  No

If yes, Date of admission:  Date of discharge:

Give details of treating hospital: Name:

Did the Medical Emergency Assistance Company authorize the hospitalisation? Yes  No

Period of enforced extended residence, other than in hospital (if applicable):

Name/Address:

Period: From:

**CURTAILMENT DETAILS (IF APPLICABLE)**

Identify all persons for who emergency expenses have been incurred:

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>

Date of early return to Country of Residence:

Did the Medical Emergency Assistance Company authorize the Curtailment? Yes  No  n/a

Total cost of holiday (excluding insurance premiums): \$

Total Number of Nights: \$

Refund allowed to you by Travel Agent/Tour Operator: \$

**MEDICAL HISTORY**

Has the ill/injured person suffered from the same/similar condition before? Yes  No

If yes, please give details and date of consultations:

Do you hold any private health insurance or other insurance, which may cover this claim? Yes  No

If yes, please provide details of Insurance Company and Policy Number:

Have you previously made any claim in respect of medical, or curtailment expenses? Yes  No

If yes, please give brief details:

Details of Expenditure	Date Costs Incurred	Cost incurred & Currency	For which Insured was cost incurred?	Paid by yourself YES/NO	Office use only
Doctor's Fees					
Hospitalisation					
Prescription/Medication					
Ambulance					
Emergency Dental Treatment					
Additional Hotel Expenses					
Additional Travel Expenses					
Repatriation of body in event of death					
Cost of burial or cremation abroad					
<b>TOTAL AMOUNT CLAIMED</b>					

**C. PERSONAL ACCIDENT**

Have any surgical procedures been performed? Yes  No   
 If yes, please specify:

Was the injured person obliged to cease work? Yes  No   
 If so, when is the injured person expected to resume:

Where there any other persons who in your opinion were responsible for the incident? Yes  No   
 If yes, please give full details: -

Were the Police contacted following the incident? Yes  No   
 If yes, please provide a Police report.

**D. BAGGAGE AND PERSONAL EFFECTS, INCLUDING DELAYED BAGGAGE, MONEY, TRAVEL DOCUMENTS AND CREDIT CARDS**

At what place, date and time was the property **last seen and know to be undamaged**:

Place:  Date:  Time:

Place:  Date:  Time:

Place where in your opinion the loss, damage or theft occurred.

Did the loss or damage occur whilst in the custody of Airline, Coach Company, Railway, Hotel etc? Yes  No

If yes, Name and Address of Company:

Have you held them responsible in writing of loss/damage/delay? Yes  No

If no, state why not?

**If Airline involved:**

Sate Flight No:  From (Airport):

Did you obtain a Property Irregularity Report from the Airline: Yes  No  n/a

If no, state why not?

**If loss from hotel room or vehicle:**

Was the hotel room or vehicle locked? Yes  No  n/a

Where was the key?

How was entry made?

Was loss from hotel safe/deposit box? Yes  No  n/a

Did you report the loss to the Hotel Manager: Yes  No  n/a

If no, state why not?

**All loss/theft**

Did you report the loss to the Police? Yes  No  N/a  Date Reported:

Address of Police Station:

If no, state why not:

Please state fully the action taken to recover lost property:

Have you made contact since to check if property recovered? Yes  No  n/a

If no, state why not:

If yes, what was the result:

If property was returned to you, please state:

Place:

Date:

Time:

Total time the baggage was delayed?

Hours:

Minutes:

Are you to owner of all the lost/stolen/damaged items? Yes  No

If no, state: Item/s

Owner:

Relationship to you:

Were any of the lost/stolen/damaged items given to you as a gift? Yes  No

If yes, state: Item/s:

**Please note if you have named any Valuables as gifts:** If possible, we request that you obtain a Statutory Declaration from the person who gave you the items, detailing the date, cost and place of purchase to prove ownership. If you have alternative proof of purchase, this is not required.

If you have previously sustained theft/loss/damage of luggage, clothing, personal effects, valuables, money; please give brief details and the appropriate date and amount of loss:

### E. PERSONAL LIABILITY

Full Name of person who alleged actions have resulted in the expenses of claimed:

Full Name/Company Name of the Third Party whom have deemed you liable for the same alleged actions:

Contact Details for the Third Party

Address:

Contact No

Relationship of the above Third Party to the Insured, if any?

What are the expenses related to?

Accidental Bodily injury

Accidental Damage to Property

Other

Please Detail

Where there any other persons who in your opinion were responsible for the incident? Yes  No

If yes, please give full details: -

Were the Police contacted following the incident? Yes  No

If yes, please provide a Police report.

Identify all persons for whom expenses have been incurred:

Name:

Details of Expenditure	Date costs incurred	Costs incurred & Currency	Paid by yourself YES/NO	Office use only

**F. WINTER SPORTS**

Reason for Cancellation/Loss of Passes:  
If Other, please provide full details:

Injury  Loss/Theft  Other


	Ski Pass	Ski Equipment Hire	Ski Tuition Fee
<b>Cost</b>			
<b>Start Date</b>			
<b>End Date</b>			
<b>Number of Days Lost</b>			

**G. YACHT CHARTER EXCESS WAIVER**

At what place, date and time was the yacht/motorboat **last seen and known to be undamaged**:

Place:  Date:  Time:

At what place, date and time was the yacht/motorboat **discovered missing or damaged**:

Place:  Date:  Time:

Please where in your opinion the damaged occurred:

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Did the loss or damage occur whilst in the custody of another party (i.e. other than the Insured/s) or were there any other person who in your opinion were responsible for the damage? Yes  No

If yes, Name and Address of party:

Have you held them responsible in writing for loss/damage? Yes  No

If no, state why not

If damage to inside of the yacht/motorboat was the yacht/motorboat secure? Yes  No

If so, how?

How was entry made?

Did you report the damage to the Police? Yes  No  n/a  Date

Address of Police Station:

If no, state why not:

Please state fully the action taken to minimise the damage:

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**Rental Agreement Details**

Name of Hire/Rental Company	Amount of Hire/Rental insurance policy excess / damages (\$) (with currency)	Has this been paid by you? If no, why not? If yes please attach receipt.	Amount Claimed (with currency)	Office use only

Have you previously made a claim for damage to a yacht/motorboat? Yes  No

If yes, please provide details:

**H. Additional Expenses incurred or any other incident not outlined above**

Date of event leading to additional expenses incurred:

Name all persons who incurred irrecoverable additional costs (including claimant):

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>

Details of Expenditure	Date costs incurred	Costs incurred & Currency	Paid by yourself YES/NO	Office use only





**DECLARATION**

- I/We have completed the Claim form and declare it to be true and accurate and am enclosing the documents as requested to support this claim. I subrogate to my Insurer all rights of recovery/salvage against any person or organization and will do whatever else is necessary to secure such rights. With regards to any MEDICAL, CURTAILMENT & EMERGENCY CLAIMS I give authority to Insurers or their representatives to contact my Doctor if need be, for any additional medical information required in connection with this claim. I authorise any hospital, physician or other person who attended me, to give my travel insurance company or its representative, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorization will be considered as effective and valid as the original.

**BANK ACCOUNT DETAILS**

- I/We authorise Gallagher Bassett to transfer any settlement amount into the account outlined below.
- I/We have the consent of each person who is insured on this Policy and making a claim in relation to this event (if they have been included in this claim form) for settlement monies to be transferred into the below account.
- I/We acknowledge that payment of any unpaid accounts will be issued to the provider.

BSB Number:    -    Branch Name:

Account Number:           Account Name:

Name:  Date:

**When you have completed the appropriate sections and agreed to the above, please send claim form & all supporting documentation to:**

Gallagher Bassett  
Travel Claims Department  
POST: GPO Box 14, Brisbane,  
QLD 4001  
FAX: 00 61 (7) 3005 1705  
EMAIL:  
AHClaims@gbtpa.com.au

**Please Note:**

- We are happy to accept your claim form via any of the left, however please note that in all cases, we require you to provide all supporting documentation.
- Once we have received your claim form we will make contact with you within five (5) working days. At this stage we may request further information in order to proceed with your claim.
- We recommend you keep a copy of the completed form and documentation for your own records.

## REQUIRED DOCUMENTATION TO BE SUBMITTED WITH CLAIM

### A. Cancellation & Disruption

Receipt of payment for flights/trip,

Booking conditions of flights/trip,

Letter from Airline(s)/Tour Operator(s)/Accommodation Provider(s) confirming amount of refund(s)

If Cancellation/Postponement is due to Medical reasons, the attached Medical Certificate is to be completed by the regular medical practitioner of the ill/injured/deceased person,

If cancellation/Postponement is not due to Medical reasons, provide full evidence to support the requirement to Cancel or Postpone,

Full Death Certificate (if applicable),

Travel Itinerary detailing all stages (departure and arrival times) of your Trip,

Written confirmation from the airline/tour operator or similar of, detailing the reason for delay and subsequent departure times.

Bills, invoices and receipts for additional amounts claimed

Certification from relevant company confirming the interruption of services and whether any refund is applicable or been made

If as a result of a breakdown/accident we need a copy of the motorists' emergency service or Police report confirming the details

### B. Emergency Medical, Repatriation and other Expenses

Original receipts and/or invoices for all Hospital/Doctors/Dentist/Chemist/Additional Expenses claimed,

Medical Certificate from the Doctor or Hospital that treated the ill/injured person,

Full Death Certificate (if applicable)

### C. Personal Accident

Medical Certificate detailing your injury and inability to perform your normal work duties

Full Death Certificate (if applicable)

Police Report (if applicable)

### D. Baggage & Personal Effects. Money, Travel Documents and Credit Cards

Evidence of value and ownership in the form of receipts or other documentation including manuals, warranties, photographs and valuations.

In respect of all claims for stolen/lost items, two (2) replacement quotes for item or equivalent model,

In respect of all claims for damage, letter from a repairer confirming cause and extent of damage sustained

A written report to confirm notification of damage/loss and non-recovery from Airline, Hotel, Courier, Ships Purser or other applicable authority

In respect of all claims for stolen goods, a Police Report,

Documentation in support of money claimed. ie Foreign Exchange receipts, ATM withdrawal slips/bank statements.

Receipts regarding the replacement of any Document i.e. Passport, Airline Tickets etc.

### Misdirected or misplaced baggage

Travel itinerary detailing all stages (departure and arrival times) of your Trip

Property Irregularity Report from Baggage Handling Administration / Documentation from the appropriate handler confirming total time baggage was delayed and reason for delay,

Receipts for ALL emergency purchases made

### E. Legal Expenses and Personal Liability

Receipts of any expenses outlaid,

Documentation from Third Party detailing the costs they are pursuing and why, i.e. Letter of Demand,

Police Report (if applicable).

### G. Yacht Charter Excess Waiver

Hire/Rental Vehicle documentation evidencing details/conditions of hire/rental,

Documentation/receipts evidencing all amounts paid in respect of hire/rental vehicle (including insurance component and applicable Excess/damages),

Police report (if applicable)

### Remember your...

Copy of your Travel Insurance Schedule, issued when you purchased your Insurance Policy,

Original Travel Itinerary and Tickets/Boarding Passes,

Any other documentation that you deem appropriate to support your claim

**MEDICAL CERTIFICATE.** This Medical Certificate must be completed by the ill/injured/deceased person's usual Doctor (General Practitioner), and **not** any Specialist Doctor he/she may attend. The Medical Attendant is respectfully requested to give as much detail as possible in order to assist the claimant and avoid the necessity of additional enquiries. (The Claimant must obtain this document at his/her own expense).

1 Name of person to whom this Certificate applies.

2 Date of Birth.

3 Are you his/her regular medical attendant? Yes  No

If Yes, for how long?

If No, please indicate in what capacity you attended the patient and for how long.

4 Please state:

a) Precise nature of illness/injury/death.

If claim relates to injury please state how this was sustained.

b) Date of onset of illness/injury.

c) Details of patient's state of health and medical condition on the date the insurance was effected.

d) Bearing in mind your response to c), was it reasonable for the claimant to continue with the travel plans? Yes  No

e) Date when there was deterioration, if applicable.

f) Date when it first became apparent the claimant would be unable to travel.

g) When did you advise claimant of need to cancel OR postpone?

h) Has the patient previously suffered or received treatment, advice or medication for the same or any related condition? Yes  No

If Yes, please provide the details, including the dates.

5 Was patient wait-listed for hospital admission? Yes  No

If Yes, please state: Date wait-listed.  Date of admission.

6 If pregnancy state E.D.D. and reason for cancellation advice.

7 Are you prepared to certify that solely due to the condition described above the Claimant is compelled to cancel OR postpone the holiday/travel. Yes  No

I,  (Medical Practitioner) certify that the foregoing statements are correct.

Signature:  Date:

Address:

Qualifications: