



TRAVEL INSURANCE CLAIM FORM

The Privacy act 1993 requires us to inform you about certain rights and obligations relating to the information which we collect on this form. They are in the declaration at the end of the form we recommend that you read the declaration before continuing.

IMPORTANT: PHOTOCOPY of your Policy Certificate to be attached.
 DECLARATION to be signed by the person making claim.
 DOCUMENTARY PROOF please provide to substantiate your claim.

POLICY INFORMATION:	
Policy No: _____	Claim Number Office Use Only:
Policy Type: Comprehensive <input type="checkbox"/> Golden Years <input type="checkbox"/> Cost Saver <input type="checkbox"/> Business Executive <input type="checkbox"/> Domestic Cancellation <input type="checkbox"/>	
Name: _____	Date of Birth: _____
Address: _____	
e-mail Address: _____	
Telephone number business hours: _____	Occupation: _____
Name of Travel Agent who arranged your trip: _____	
Name of Agent whom you purchased you travel insurance from: _____	
Do you have any other Insurance that may cover any costs claimed? Eg Credit Card Cover, Domestic Contents Ins. Medical Ins... If Yes what is the Insurance Companies Name: _____	

MEDICAL: <i>Please complete all questions and attach: ORIGINAL accounts, receipts etc</i>			
Date of Injury/Illness: _____	Country Injury/Illness Occurred: _____		
Full Circumstances of injury/illness: _____ _____ _____			
When did the symptoms first appear?: _____			
Have you suffered this illness previously? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details: _____			
Details of Medical Expenses	Have you paid this expense?	Amount	Currency of account
a	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
b	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
c	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
d	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

LOSS OF DEPOSITS / CANCELLATION / TRAVEL DELAY / MISSED CONNECTION / RESUMPTION OF TRAVEL:			
<i>Please complete all relevant questions and attach supporting documentation as applicable.</i>			
Date of incident: _____	Full details of Claim: _____ _____ _____		
Breakdown of cancellation costs from Travel Agent attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Doctors Report or Certificate attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Documentation Confirming reason for cancellation attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Receipts/Accountants for expenses attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Proof of Delay from airline attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Additional Expenses incurred if any	Amount	Currency	
a _____	\$ _____	_____	
b _____	\$ _____	_____	
c _____	\$ _____	_____	

BAGGAGE AND MONEY: *Please attach a POLICE REPORT AND PROOF OF OWNERSHIP, WRITTEN REPLACEMENT QUOTES, FOREIGN EXCHANGE RECEIPTS etc as applicable.*

Date of loss/damage/theft: _____ Time: _____ Country: _____

Full Circumstances of claim: _____

a) Police station/Airline/Shipping/Bus Co etc reported to:
If no report obtained, please explain: _____

b) Details of other steps taken to minimise loss: _____

c) Have you claimed for this loss from any other source? Yes No N/A

Name and address of Company: _____

Amount of Compensation Received: _____

BAGGAGE *Please complete each column*

Description of property lost/damaged/stolen (Use separate sheet of paper if list is large)	Where item was purchased	Date Purchased	Purchase Price	Replacement Cost	Proof of ownership Attached
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

MONEY

Amount Claimed: _____ Currency: _____ Proof of Ownership attached: Yes No

RENTAL VEHICLE EXCESS: *Please attach any relevant receipts and a copy of the rental vehicle contract.*

Date of incident: _____ Country where claim occurred: _____

Details of Claim: _____

Amount Claimed: _____ Currency: _____

DECLARATION: *Please ensure that you read, sign and date the declaration.*

I hereby declare:

- All the statements in this form are correct.
- I have withheld no information material to the claim.
- I understand that wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- I understand that:
 - The personal information provided in this claim form is being collected by Comprehensive to enable it to evaluate my/our claim.
 - I am required to co-operate with Comprehensive and provide this information and if I do not, my claim may be declined.
 - I have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I do provide any incorrect information, Comprehensive may be entitled to decline the claim whether or not it is later corrected.
 - I authorise Comprehensive to obtain personal information about me from any other party and to release that information to other parties if requested.
- The Company at its discretion may obtain a Medical Certificate from a duly qualified medical practitioner in order to substantiate any claim made and by signing this form, I hereby authorise the Company to obtain such medical report at my Expense.

Signature: _____ Date: _____