

Travel claim form



- **WARNING:** If you supply any untrue or false information and know that it is not true, the Insurer 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.

01 THE INSURED

Name of insured

Policy number

Postal address

Best contact telephone number Best time to contact

Alternative contact

02 LUGGAGE AND MONEY

Where did the loss or damage occur? Please give full address or details of the location.

When did it happen? Please give date and time.

How did the loss or damage occur? Please give full details.

Have you done anything to reduce or recover the loss or damage? Y N
 If **yes**, please give details

Have you claimed against any airline or carrier, etc? Y N
 If **yes**, please give details

Do you know of:
 (a) any witnesses? Y N
 (b) any other person who is responsible for the loss or damage? Y N

If **yes**, please give details

Does this claim involve burglary, theft, unexplained loss or intentional damage? Y N
 If **yes**, it must be reported to the police and the following question answered.

Is a Police Complaint Acknowledgement attached? Y N
 If **no**, please complete the details below

Reported by To (Station name)

Complaint reference number Date

Name of Attending Officer

03 PROPERTY SCHEDULE

- To support ownership and the amounts claimed, please attach receipts, valuations, current quotations, or other documents. If repairs have been paid for, please attach receipts or accounts.
- Willful 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	CURRENT		OFFICE USE ONLY	
			REPLACEMENT COST	REPAIR COST	DEDUCTION FOR AGE, USE OR WEAR & TEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Is an additional list of items attached? Y N
 Are you the sole owner of all lost or damaged property? Y N
 If **no**, please give details

04 MEDICAL COSTS

Name of person treated

Date of birth Date first treated Time

Place of treatment

If an accident, please state what happened

If an illness, please state nature of illness

Had you ever been treated for this condition or any related condition before arranging this insurance? Y N

If **yes**, do you have a Pre-existing Medical Extension on this policy? Y N

How much do you wish to claim?
 \$

Please attach accounts and original Doctor's Certificates or receipts for any medical treatment received.

Can you claim compensation from any other source? Y N

If **yes**, please give details

If this happened in Australia, Britain or Sweden were you treated under the Public Health System? Y N

If **no**, please state why not

05 LOSS OF DEPOSIT TRAVEL DELAY

How was your travel affected? Please tick one
 Cancelled Delayed Interrupted

When did this happen?

Why did it happen?

What costs are you claiming for?

How much do you wish to claim?

Please attach an itemised breakdown of costs from your Travel Agent or Transport Operator.

06 PERSONAL LIABILITY

Please describe how the accident happened

Date of accident Time

Place accident occurred

Who is the other party claiming against you?

Address

How much are they claiming?

Who do you consider is responsible for the accident and why?

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

07 GENERAL QUESTIONS

Did you contact our Emergency Assistance Service about this claim? Y N

Do you have any other insurance which covers this loss or damage? Y N

Have you claimed on any other insurance in the past 5 years? Y N

If you answered **yes** to any of the above questions, please give full details

NOTE: If there is any information you cannot give us now, please mark the question and give it to us as soon as possible. If there is not enough room on this form, please attach a separate sheet of paper.

Is there a sheet attached? Y N

08 DECLARATION

PLEASE READ AND SIGN

I declare that:

1. Material Facts
 - (a) All information given to the Insurer 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 the Insurer 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 other members of the insurance industry and Insurance Claims Register Ltd. in connection with this claim may be disclosed to the Insurer.

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