



Travel Insurance Claim Form

OFFICE USE ONLY	
CLAIM No:	

When completed, send original claim form and all supporting documentation to:
Claims Department, P.O. Box 109 Ferntree Gully VIC Australia 3156

Please Read The Claim Form Carefully

Step 1

If you have trouble understanding the English language, ask for help from someone who does when answering the questions on this form.

So that we can process your claim as quickly as possible, it is important that you complete this claim form properly and provide us with the documents required.

We will help you at each question with an explanation of what we need to know.

By carefully following the steps in the claim form you will help us process your claim quickly.

This form must be sent to us through the mail, as we are unable to accept forms sent to us by facsimile.

After completing this form, please ensure you have signed the declaration on page 8.

Step 2

At STEP 2 we want you to tell us who you are, your address, contact telephone numbers, details of your Travel Agent and who sold you your Travel Insurance.

1. Your Family Name: 2. Mr / Mrs / Miss / Ms

3. Your First Name: 4. Date of Birth: / /

5. Your Home Address:
 Post Code

6. Your Postal Address: (if different to home address)
 Post Code

7. Your Telephone Number at Home: () Work: ()

8. Your occupation:

9. Does this claim relate to your business: Yes No
 If "Yes", please provide the information below. Note: If you are entitled to an input tax credit for the GST on this policy, you need to accurately advise us of this entitlement to avoid paying GST on any settlement proceeds.

My entitlement for GST on my premium is %. My entitlement for GST on replacement property is %

My ABN is:

Note: If you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

10. Name of Travel Agent or Airline you organised your Travel Arrangements through:

11. Name of person at the Travel Agent or Airline you organised your Travel Arrangements through:

12. Who arranged your Travel Insurance? This may have been the Travel Agent or Airline or someone else. We need to know the Name of the Business and Person who issued the policy.

Name of Business: Name of Person:

13. The Travel Insurance Policy you were issued with has a policy number on it. Please insert the Policy Number here:

OFFICE USE ONLY
CASE No:
<input type="text"/>

14. At the bottom of the back cover of your Travel Insurance Brochure you may find a four character Policy Code, if so, please insert the number here. If there is no code, leave blank.

POLICY

CODE

Please Attach Your Travel Insurance Policy Certificate To This Form When You Send It To Us.
 Attached? Yes

Please Read The Claim Form Carefully

Step 4

At STEP 4 we will ask you questions about the circumstances of your claim and the amounts of money you are claiming from us. To do this the claim form is divided into the following sections. Please tick whichever is applicable.

- Trip Cancellation Charges Claim - PAGE 3
- Delayed Luggage Claim - PAGE 4 & 5
- Lost, Stolen or Damaged Luggage Claim - PAGE 4 & 5
- Replacement of Travel Documents Claim - PAGE 4
- Loss of Income Claim - PAGE 6
- Rental Vehicle Insurance Excess Claim - PAGE 6
- Additional Costs Claim - PAGE 6
- Medical and Dental Expenses Claim - PAGE 7
- Other

Please use the section or sections of the claim form that most suits your claim. If there is not a specific section for your claim, use a separate piece of paper to tell us what you want us to pay for.

Trip Cancellation Charges Claim

Under this section of the claim form you can make a claim for the non-refundable costs of your trip that are covered under the cancellation costs section of the policy.

1. Before proceeding make sure you have completed STEPS 2 and 3 of this form. Yes

2. Name of person causing the trip to be cancelled:

3. Relationship to you: 4. Their Date of Birth: / /

5. Date of incident that caused you to cancel your trip: / /

6. Date of departure (as per Certificate of Insurance): / /

7. Date of return (as per Certificate of Insurance): / /

8. Date your trip was booked: / / 9. Date your trip was cancelled: / /

10. Names of all people whose travel arrangements have been cancelled:

11. Total Cost of your Trip: \$

12. If your claim is for an air ticket only, please send us a letter from the airline which shows the cancellation charge and amount of refund. If there is no refund available, please send us the original ticket.

Letter or Ticket attached? Yes

13. If your claim is for more than just an air ticket, please supply documents from your Travel Agent, Airline, Tour Operator, or other suppliers of services, which show the cost of each arrangement and the cancellation penalties and refunds which apply. Your Travel Agent will be able to assist you with this.

Documents attached? Yes

14. Total cost of your trip (excluding Travel Insurance) \$

Total amount refunded to you \$

Amount of claim \$

Medical Certificate

15. The Medical Certificate on page 8 of this form **MUST** be completed in cases of Cancellation arising from illness, injury or death. In the unfortunate event of a death a full copy, not an extract, of the Death Certificate will also be required.

Medical Certificate completed? Yes

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Delayed Luggage Claim

If your luggage was delayed by the carrier and you wish to claim for the cost of the essential items purchased to see you through until your luggage arrived complete this section.

- Name of Carrier who delayed your luggage:
- Your Arrival Date at Destination: / / **3. Time:** am/pm
- Date of Arrival of your Luggage: / / **5. Time:** am/pm
- What Compensation did the Carrier pay you?

Include with your claim the report you made to the carrier (usually in the form of a Property Irregularity Report (PIR) issued by the carrier), and confirmation of the date and time your luggage was delivered.

Report(s) attached? Yes

Provide a list on the following page of the essential items purchased, including purchase details. Also attach the receipts for the purchases you made to the claim form.

List completed and receipts attached? Yes

Lost, Stolen or Damaged Luggage & Personal Belongings Claim

Your luggage includes your clothing and other personal belongings. It also includes Passports, Visas, Tickets and other documents.

Please provide a list of items you are claiming on the following page.

- Before proceeding make sure you have completed STEPS 2 and 3 of this form. Yes
- Date of Incident: / / **3. Time:** am/pm
- Date Discovered: / / **5. Time:** am/pm
- Place where loss, theft or damage happened:
- Who did you report it to?
 - Police Yes No Date: / / Time: am/pm
 - Officer:
 - Station:
 - Carrier Yes No Date: / / Time: am/pm
 - Details:
 - Other Yes No Date: / / Time: am/pm
 - Details:
- Name of your Home Contents Insurer: Policy No:

PLEASE NOTE that if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. Travel insurance protects you against the amount the carrier is unable to compensate you for, subject to the policy conditions and limits. It is therefore essential that you first claim compensation from the carrier.

Replacement of Travel Documents Claim

Replacement Documents eg. Passport, Airline Tickets, Credit Cards	Date Replaced	Replacement Cost in Foreign Currency	Office Use Only

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Loss of Income Claim

If you suffer an injury while on your trip and cannot return to work when you return home, you may be entitled to compensation for loss of income. If this is applicable to you please complete this section of the claim form.

- Please provide us with a doctors certificate confirming the period you were/are unable to work.
Attached? Yes
- Please provide us with a letter from your employer confirming the date you returned to work or will return to work, together with pay slips or a letter from your employer confirming your nett income.
Attached? Yes
- If you are self-employed, please supply a copy of your last taxation assessment. Attached? Yes

Rental Vehicle Insurance Excess Claim

If you had an accident in a hire vehicle, or it was stolen and you had to pay the insurance excess to the hire company, you can claim reimbursement of the excess here, subject to the limit of cover under the policy.

- Name of the Vehicle Hire Company:
- Address: Country:
- Date of accident/loss: / / 4. Amount of Excess they charged you: \$
- Please attach the hire agreement to the claim form, the credit card voucher for the payment of the excess and a copy of the repair account/quote. Attached? Yes
- Please attach a copy of the hire vehicle claim form. If you don't have this, please explain how the damage/accident occurred and draw a diagram. Also please supply the name and address of the negligent party (if applicable)
Attached/Completed? Yes

Additional Costs Claim

Your policy will reimburse unexpected additional costs you incur when certain events happen. The events we cover are listed under the additional expenses section of the policy wording.

In this section of the claim form we want you to tell us what additional travel and accommodation costs you incurred.

- You must attach receipts, credit card vouchers or statements for any amounts you want us to pay you for.
Attached? Yes
- If the additional costs were incurred due to an illness, injury or death, the Medical Certificate on page 8 must be completed.
Completed? Yes
- If the expense has been incurred because of your transport provider, please attach a letter from them confirming the reason why.
Attached? Yes
- Itinerary.** Please provide us with a copy of your itinerary. This shows us the details of all your travel arrangements.
Itinerary attached? Yes
- Booking Advice.** Please provide us with the letter from your Travel Agent which details all of your pre-paid arrangements.
Booking Advice attached? Yes

LIST OF EXPENSES YOU WANT US TO PAY FOR

Details of Expense	Amount Claimed

Please Read The Claim Form Carefully

Details of Expense	Amount Claimed

Medical and Dental Expenses Claim

In this section of the claim form you can claim for any medical or dental expenses you incurred during your trip. The claim will be assessed in accordance with the cover provided by the policy.

You must provide with original receipts, not copies, for all expenses you want us to pay for.

Except in the case of a minor illness or injury, the Medical Certificate on page 8 must be completed by the ill or injured person's usual G.P. (doctor/dentist) in Australia. If you are not sure, send the claim form to us and we will let you know if a medical certificate is required.

1. Name of ill/injured person:

2. Date of Birth: / / 3. Relationship to You:

4. Nature of illness/injury: 5. Date first occurred: / /

6. Did you contact our 24 hour Assistance Service? Yes No If YES, date: / /

7. Has the ill/injured person suffered from the same or a similar illness/injury before? Yes No

8. If YES, please give details including dates:

9. Name and address of ill/injured person's usual doctor/dentist:

10. Name and address of doctor/dentist who treated illness/injury abroad:

11. Country where illness was treated:

12. If admitted to hospital - Date Admitted: / / 13. Time: am/pm

14. Date Discharged: / / 15. Time: am/pm

LIST OF EXPENSES YOU WANT US TO PAY FOR

Name of Doctor/Dentist, Clinic or other authority who issued the receipts/invoices	Date of Consultation or Treatment	Cost incurred in Overseas Currency	Paid by Yourself	Office Use Only
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	

Please Read The Claim Form Carefully

Medical Certificate

This Medical Certificate must be completed by the usual doctor/dentist (General Practitioner) of the person whose medical condition this claim relates to. If we need further information from a specialist you/the person may attend, we will ask for it later.

1. Name of Patient: 2. Date of Birth: / /

3. Does he/she usually attend your practice. Yes No 4. If so, how long?

5. Please provide precise diagnosis of the illness/injury:

6. Date of the onset of illness or injury: / /

7. Date on which you were first consulted: / / 8. Date referred to specialist: / /

9. Name and address of specialist/surgeon:

10. Is the described condition caused, accelerated or traceable to any recurring illness or condition? Yes No

If YES, confirm dates to consultations regarding the condition and type of prescriptions given over the past six months:

11. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers:

12. How long was or will the patient be prevented from travelling? (**Only to be completed if the patient was in the travelling party.**)

From: / / To: / /

Had the patient planned to travel against your prior advice? Yes No N/A

Did the patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

Yes No N/A

Name of Doctor/Dentist (Please Print):

Signature of Doctor/Dentist:

Address: PostCode:

Phone: () Fax: () Date: / /

Declaration

If We agree to pay a claim under your policy, this policy covers GST inclusive costs (up to the relevant policy limit). However, We will reduce any claim payment by any input tax credit You are or would be entitled to for the repair or replacement of insured property or for other things covered by the policy.

The answers I/We have given in this form are true and the information I/We have supplied is correct.

I/We consent to QBE disclosing this information to organisations listed in the QBE Privacy Promise available from your travel agent or QBE Travel.

Dispute Resolution: If you have any dispute over the settlement of your claim you should first discuss it with the member of our team who dealt with your claim. If you cannot resolve the dispute you can ask for it to be reviewed by our Claims Manager. If you and our Claims Manager cannot reach agreement, you can ask for your claim to be reviewed by our Disputes Resolution Committee.

Medical Authority: With regards to MEDICAL EXPENSES/CANCELLATION/ADDITIONAL EXPENDITURE claims, 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 Photostate copy of this authorisation will be considered as effective and valid as the original.

Signature: Date: / /

Please Post This Form With All Documentation, Including Your Travel Insurance Policy To:
Claims Department, PO Box 109, Ferntree Gully, VIC., Australia 3156