



QBE Travel Insurance Claim Form

OFFICE USE ONLY

CLAIM No: _____

Please answer all questions and tick boxes where appropriate. Leaving a question blank will result in delays in settling your claim. There are six easy steps to complete your claim. If you do not have enough room please attach a separate sheet.

Step 1: About You and Your Policy

:: Policy Number

1. Policy Number (from Certificate of Insurance)

2. Date and Time the 1st Loss or Incident occurred.

Date of Incident

Time (24hrs, eg 17:35)

3. Where did you organise your travel arrangements

4. Name of the person who did the arrangements

5. Where did you purchase your Travel Insurance Policy?

:: Personal Details

6. Surname

7. Title

8. First Names

9. D.O.B

10. Current Home Address

11. Suburb

12. State

13. Post Code

14. Postal Address (if different from above)

15. Home Phone

16. Work Phone

17. Mobile

18. Email

19. Preferred Method of Contact

 Telephone Mobile Mail Email

20. Your Occupation

21. Were you travelling for:

 Business Holiday

22. Did you purchase your travel arrangements on your credit card?

No Go to 23

Yes Give details below

Credit Card Provider: (eg National Australia Bank)

Card Type: (eg VISA)

:: GST

23. Does this claim relate to your business?

No Go to Step 2 on Page 2

Yes Give details below

My entitlement for GST on my premium is:

My ABN is

24. Could this event be covered by any other insurance arrangement, eg your Credit Card Insurance?

No Go to Step 2 on Page 2

Yes Give details below

Insurance Provider (eg ANZ Credit Card Insurance)

Insurance Policy Number

If we successfully recover an amount greater than any excess that has been applied to a claim settlement we make to you, we will reimburse you the amount of your excess. By providing details of any other insurance arrangement you may have, we reserve the right to pursue a recovery on your behalf.

IMPORTANT

So that we can process your claim as quickly as possible, it is important to complete this form accurately and provide us with the original documentation requested. If you have misplaced your original documents, please contact your issuing agent or provider in order to obtain duplicates.

When completed, send claim form and all supporting documentation to:

Claims Department
P.O. BOX 12090
Melbourne VIC 8006

Step 3: What are you claiming for?

This form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 8 will help guide you.

:: Trip Cancellation Charges/Holiday Deferment Costs/ Loss of Reward Points

Are you claiming for:

Cancellation Charges Holiday Deferment Costs Loss Of Reward Points

1. Name of person causing the trip to be cancelled

2. Their Date of Birth
 / /

3. Relationship to you

4. Name of all people whose arrangements have been cancelled/affected.

5. Date Agent/Airline Notified
 / /

6. Date Trip Booked
 / /

7. Date of First Deposit
 / /

8. Date Final Money Paid
 / /

9. Total Amount Paid for Your Trip = \$
 (Excluding Insurance)

Total Amount Refunded to You = \$
 Amount of Claim = \$

10. Was the Cancellation/Deferment due to an Illness, Injury or Death?

No Complete questions 11 - 17 then go to **Checklist on Page 8**

Yes Complete questions 11 - 17 then go to **Medical Certificate on Page 7**

Supplementary Questions for Loss of Reward Points

11. Total amount of points used to purchase air ticket

12. Did you pay any additional amount towards this air ticket?

No

Yes

\$

13. Total amount of points refunded

14. Total amount of points lost

Supplementary Questions for Deferment Costs Only

15. Total Cancellation Fee if trip was cancelled outright

\$

16. Date Trip Rebooked

/ /

17. Additional Amount Paid

\$

:: Additional Expenses Claim

1. List all items you wish to claim for.

Details of Expense
Extra nights accommodation at the Hotel De Paris
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Date of Expense	Amount Claimed in Foreign Currency			Currency	
	17	10	07		
				249.00	GBP
<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"/>

:: Delayed Luggage Claim

1. Your Arrival Date at Destination

 / /

2. Time (24hrs, eg 17:35)

 :

5. What compensation did the carrier pay you?

6. Currency

3. Date Your Luggage Arrived

 / /

4. Time (24hrs, eg 17:35)

 :

Please provide a list of the essential items purchased

Description of Items	Place of Purchase	Date Purchased			Purchase Price				Currency
		Day	Month	Year	£	¢	¢	¢	
<i>Gillette Disposable Razors</i>	<i>Booths</i>	15	08	07	5.48				GBP

:: Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

 Loss Theft Damage

2. Date Loss/Theft/Damage Discovered

 / /

3. Time (24hrs, eg 17:35)

 :

4. Who was it reported to?

 Police Airline/Carrier Hotel Management Tour Guide
 Other

5. Name of Police Officer or Relevant Authority

6. Job Title/Position

7. Location

8. Report Number

9. Date Reported

 / /

10. Can this be claimed against your household insurance policy?

No Go to 11

Name of Insurer

Yes

Policy Number

Amount Paid by Insurer

\$.

11. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

No Go to 12

Name of Fund

Yes

Membership Number

Amount Paid by Health Insurer

\$.

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. **It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.**

12. List all items you wish to claim for. (Travel Documents to be listed on Replacement of Travel Documents table on Page 5).

Description of Item with Brand Names	Place of Purchase	Date Purchased			Purchase Price				Currency	Has the item been replaced	
		DD	MM	YY	USD	EUR	GBP	AUD		Yes	No
Sony DKX258 Digital Camera	Shap Cameras	15	08	05	\$	1	950	99	AUD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

:: Loss Of Cash (Cover only available on certain Plan Types)

1. Date the Loss or Theft was Discovered: / /

2. Time (24hrs, eg 17:35): :

3. Name of Police Officer:

4. Job Title/Position:

5. Police Station:

6. Report Number:

7. Date Reported: / /

8. Time (24hrs, eg 17:35): :

9. Cash Amount: \$

10. Currency:

:: Replacement of Travel Documents Claim

1. List all items you wish to claim for.

Replacement Documents	Date Replaced			Replacement Cost in Foreign Currency	Currency
	DD	MM	YY		
Passport	19	07	07	765.00	GBP

:: Rental Vehicle Insurance Excess Claim

Type of Vehicle: Car Campervan Motorcycle Boat

1. Name of Vehicle Hire Company:

2. Name of Person Driving the Car:

3. Their Date of Birth: / /

4. Rental Vehicle Excess: \$

5. Currency:

6. Actual Repair Costs: \$

7. Amount You Are Claiming: \$

8. Currency:

:: Resumption of Trip Claim

1. List of the cancellation fees if trip not resumed

	Date - From			Date - To			Amount	Currency
Hotel De Paris	23	05	07	24	05	07	\$249.00	EUR

2. Description of Additional Expenses to Resume your Trip

	Date of Expenses - From			Date of Expenses - To			Amount	Currency
Air Canada Economy Class Ticket	15	06	07	15	06	07	\$1,273.64	AUD

:: **Loss of Income Claim Due To Injury** For Loss of Income Claims, please go to the **Checklist on Page 8** for Documentation Required

:: Medical and Dental Expenses Claim

1. Name of Ill/Injured Person

2. Their Date of Birth

 / /

3. Relationship to You

4. Nature of Illness/Injury

5. Date First Occurred

 / /

6. Was the 24 hour Assistance Service (OMEGA) contacted? Yes No

OMEGA Case Number (if known) =

7. Has the person been treated for this illness/injury or similar before?

Yes No

If YES please give details below:

8. If an injury, did this occur whilst engaging in a snow sport activity?

Yes No

9. Name and Address of Doctor/Dentist who treated illness/injury abroad

10. Country where Illness/Injury was treated

11. Were they admitted to hospital? Yes No

Date Admitted

 / /

Time (24hrs, eg 17:35)

 :

Date Discharged

 / /

Time (24hrs, eg 17:35)

 :

IMPORTANT: Except in the case of a minor illness or injury, the Medical Certificate on page 7 must also 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, or alternatively give us a call.

12. List of Medical Expenses Incurred

Type of Service	Date of Consultation			Cost Incurred	Account Paid
X-Ray	27	10	07	\$135.00	USD <input checked="" 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"/> 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

:: To be completed by the person whose illness/injury caused the claim

Medical Authority: With regards to MEDICAL EXPENSES/CANCELLATION/ADDITIONAL EXPENDITURE claims, I authorise any hospital, physician or other person who has 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 photostat copy of this authorisation will be considered as effective and valid as the original.

Name of Insured/Executor of the Estate Insured's Date of Birth / / Signature

:: General Practitioner/Dentist Medical Certificate

The Medical Certificate must be completed at the claimant's expense by the usual doctor/dentist (G.P.) of the person whose illness/injury/death caused this claim.

1. Name of Patient

2. Their D.O.B

 / /

3. Does he/she usually attend your practice?

No Go to 4 Yes If so, how long?

4. Please provide a precise diagnosis of the illness/injury

5. Date of the onset of the illness or injury

 / /

6. Date on which you were first consulted for symptoms of illness/injury

 / /

7. Did you refer your patient to a specialist?

No Go to 11 Yes If so, Name of Specialist

8. Address of Specialist

9. Date Referred

 / /

10. Date First Attended Specialist

 / /

11. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No Go to 12 Yes If so, please provide details

12. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No Go to 13

Yes If so, please confirm dates of consultations over the past 12 months

i) / /

ii) / /

iii) / /

iv) / /

13. Please provide details of all medication that your patient was taking over the past 12 months (regardless of prescribing physician) and the relating condition.

Condition:

Medication:

Condition:

Medication:

Condition:

Medication:

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

15. Was your patient a member of the travelling party?

No Go to 16

Yes How long was or will your patient be prevented from travelling?

From: / /

To: / /

16. Did your patient plan to travel against your prior advice? Yes No

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

No Go to 18 Yes If so, please provide details

18. Please provide a printout of your patient history summary (if applicable)

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist (Please print)

Signature

Address

Suburb

State

Post Code

Phone: -

Fax: -

Step 4 - Document Checklist

The following checklist will help you assemble the documents required to support your claim. You may find it helpful to tick the boxes once you have completed each appropriate section. **Please note we cannot accept claims that are incomplete.**

We cannot process your claim without the original documents. If you have misplaced your original documents or require assistance, please contact your issuing agent or tour operator in order to obtain original or duplicate copies. Please keep a copy for your reference.

For All Claims We Need Your

- Original Trip Itinerary

Trip Cancellation Claim

- Trip Refund Statement
 Booking Advice Showing Breakdown Of All Trip Costs
 Receipts Showing Payments Related To Trip
 Refund Notices From Airline/Wholesalers
 Booking Conditions Showing Cancellation Fees/Clauses
 Unused Vouchers/Wholesalers Invoices
 Death Certificate If Applicable
 Medical Certificate If Applicable
 Airline Tickets If Not Refundable

Loss of Reward Points Claim

- Original airline ticket with entire ticket sectors
 Reward statement showing total points used to purchase tickets and any points charged as cancellation and any refund of points

Luggage & Personal Effects Claim

- Proof of Ownership Of All Luggage And Personal Effect Items
 Repair Quotes For Damaged Items
 Loss Report From Police Or Relevant Authority
 Proof Of Compensation From Carrier
 Airline Tickets/Baggage Tags
 Airline Property Irregularity Report (PIR)
 Receipts For Essential Items Purchased
 Receipts For Replacement Items

Loss of Cash Claim

- ATM, Bank, Credit Card Statement or currency conversion slips showing withdrawal of funds
 Police Report made within 12 hours of loss

Dentures and Dental Prosthesis Claim

- Receipt for original item plus receipt for replacement item noting cause for replacement

Replacement of Travel Documents Claim

- Receipts For Replacement Of Travel Documents
 Receipts Or Invoice Of Original Travel Documents

Loss of Income Claim (Due to Injury Overseas)

- Doctors Report Detailing Period Unfit To Work
 Centrelink Advice Of Payment If You Have An Entitlement
 Written Confirmation From Your Employer Of The Date You Were Scheduled To Return To Work

Rental Vehicle Insurance Excess Claim

- Rental Vehicle Agreement
 Receipts for Excess Payment
 Relevant Credit Card Statement
 Copy of Repair Quote/Account
 Copy of Rental Vehicle Accident/Incident Report

Additional Costs Claim

- Receipts For Additional Expenses
 Confirmation From Carrier Verifying The Cause Of The Claim
 Booking Invoice Showing Original Pre-paid Arrangements

Resumption of Trip Claim

- Original Trip Booking Invoice itemising breakdown of costs for both original and New Booking
 Original and New Itinerary
 Copy of Return Ticket Used and Unused
 Booking Conditions that applied to original trip
 Cancellation Fees that would have applied had the original trip been cancelled in full
 Invoice and Receipt for new ticket purchase to resume journey
 Medical or Death Certificate of Relative who caused return to Australia

Medical/Dental Claim

- Original Medical/Dental Receipts
 Treating Doctors Report

IMPORTANT - In processing your claim we may request further information to help support your claim.

Step 5 - Have you filled in all the appropriate sections of the claim form?

It will delay the processing of your claim if you have not completed all appropriate sections of the form.

No Please review claim form

Yes Complete the Declaration below.

NB: If you have a Medical Claim, have you signed the Medical Authority on Page 7.

Step 6 - Direct Credit

Would you like to have the refund deposited directly into your Australian Bank account? No Yes

The account nominated must be either a cheque or statement account. Unfortunately we are unable to deposit into a credit card.

Bank Name

Branch

Account Name

BSB

Account Number

Step 7 - Declaration

If we agree to pay a claim under your policy, the 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 the issuing agent or QBE Travel Insurance.

Signature of Insured/Executor of the Estate/Power of Attorney

Print Name:

Date: