



TRAVEL INSURANCE CLAIM FORM

IMPORTANT INFORMATION

Please ensure this Form is completed in all Parts applicable to your claim. The Privacy Consent must be completed for all claims. Supporting documents required is detailed below each part.

The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.

Policy and Claimant Details

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Name of Policyholder/Insured

Name of Claimant (Mr/Mrs/Miss/Ms)

Policy Number/Credit Card Number (if applicable)

Address

Telephone Home () Business () Mobile

Email Address

Date of Birth / / Occupation

Travel Agent

Date of Departure / / Date of Return / /

Electronic Funds Transfer Details

Following ACE approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details.

Name of Financial Institution Account Holder's Name

BSB Number: Account Number:

GST Information (For Australian Claims Only)

- (a) Are you registered for GST Purposes? Yes No
- (b) What is your Australian Business Number (ABN)?
- (c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? Yes No
- (d) IF YES, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid your ITC entitlement are the same amount, the answer to the question is 100% %

CANCELLATION CHARGES, LOSS OF DEPOSIT CLAIM

The Following Items Must Be Included With This Claim*

- 1. The Original Tickets/Vouchers if a refund is not obtainable.
- 2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
- 3. Letter from Travel Agent verifying total cost of journey, value of unused portion of journey, cancellation charges incurred and total amount of refund received.

*Failure to provide these items may result in delays in processing your claim.

What was the reason you could not commence or complete your proposed journey?

Was the cancellation as a result of Injury/Sickness to yourself?

Yes

No

Was the cancellation as a result of Injury/Sickness to some other relative or person as defined in the Policy?

Yes

No

If so - Name

Address

Relationship

Age:

Nature of complaint preventing travel

Date of First Medical treatment

 / /

Has the Injured/Sick person had a similar condition in the past?

Yes

No

Name and Address of Patient's normal Doctor

Date you advised Travel Agent to cancel bookings

 / /

Amount of deposit paid and date paid

K

Date

 / /

Balance of full fare and date paid

K

Date

 / /

Value of forfeited portion of journey (if applicable)

K

Refund received on cancellation

K

Full amount being claimed

K

Were any alternative arrangements offered? If so, give details

Did you accept any of the alternative arrangements?

Yes

No

What additional fares did you incur as a result of alterations to the arrangement?

OVERSEAS MEDICAL, DENTAL AND/OR HOSPITALIZATION BENEFIT CLAIM

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Original Doctor's/Hospital accounts and receipts together with details relating to medical benefit refunds.
- 2. Original Doctor's Certificate verifying nature of complaint suffered by you.

*Failure to provide these items may result in delays in processing your claim.

Type of Injury or Sickness	Date of Accident or commencement of Sickness
	/ /

If injury - Give full details of Accident

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Date of First Medical Consultation	Name of Doctor or Hospital
/ /	

Details of other treatment by Doctors/Hospitals

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Dates in Hospital Admitted / / am Discharged / / am

List the Country and the currency of the Country in which you incurred the medical cost	Country:	Currency:	Total Amount:
	Country:	Currency:	Total Amount:

Have you ever suffered from the same or similar complaint in the past? Yes No

If yes, give details, dates names and addresses of treating physicians

Name and address of usual family doctor

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How long has the doctor been known to the patient?

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Are you a member of a Private Health Insurance Fund, e.g. Example? Yes No

If yes, please supply name of fund

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PLEASE NOTE: All medical accounts must first be lodged with your Private Health Fund, if applicable. The policy is only able to consider Non - Medical claimable expenses.

EMERGENCY EXPENSES CLAIM

(For additional travel and accommodation incurred during the journey)

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. Receipts and/or Tickets relating to additional expenses incurred.
- 2. Doctor's/Hospital Certificate specifying exact nature of condition suffered by Injured/Sick person.
- 3. Letter from Travel Agent or carrier verifying reason for additional expenses and/or any refund applicable.

***Failure to provide these items may result in delays in processing your claim.**

Date/s Expenses Incurred / / / /

Reason for incurring additional travel or accommodation expenses

List the Country and the Currency of the Country in which you incurred the cost

Country: <input type="text"/>	Currency: <input type="text"/>
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List specifically the additional TRAVEL expenses

Details:	Amount:
	A\$
	A\$
	A\$
	A\$
	A\$
TOTAL	A\$

List specifically the additional ACCOMMODATION expenses

Details:	Amount:
	A\$
	A\$
	A\$
	A\$
	A\$
TOTAL	A\$

Were these expenses incurred as a result of Injury or Sickness as claimed in Part 1? Yes No

If these expenses were incurred as a result of Injury or Sickness to any other person, please give details of cause, name, address, age of person and relationship to you

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

Cause

LUGGAGE, PERSONAL EFFECTS CLAIM

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Report or Letter from Authority (e.g. Police, Airline) regarding the loss.
2. Receipts Guarantee Certificates, Instruction Manuals, and Valuation Certificates, Bankcard or Credit Card Vouchers or other proof of purchase for items claims.
3. Bank Statements, transaction receipts or other proof of cash claimed.
4. Quotations for replacement of items claimed.

***Failure to provide these items may result in delays in processing your claim.**

Give full details of how losses, damage or thefts occurred: (Detail each event)

Date loss/damage occurred	/	/	Time	am/pm	Date loss/damage reported	/	/	Time	am/pm
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Loss/damage reported to (Police, Airline or other authority) Name

Were articles lost/damaged by a Carrier? (e.g. Airline) Yes No Name

Have you yet lodged a claim or complaint against any Carrier/Airline or other Authority or against any individual responsible for the loss or damage to your property? If so, give details and attach copies of correspondence. If not, you should proceed to claim with your Carrier/Airline before submitting your claim to ACE.

Airline:	Claim No:

NOTE: The Warsaw/Montreal Convention imposes a liability upon the Carrier and you should claim on them first.

What Action was taken to recover lost items?

Are any of the items covered by other insurance? Yes No

If Yes - Which company Policy Number:

Were all the missing articles your property? Yes No

If not, give details

Other comments (if necessary)

Description and size of suitcase in which missing goods carried

Full details of articles claimed (include value of cases)	Name and address from whom goods were purchased	Original Date Of purchase	Original Purchase price	Replacement Amount claimed Aust. \$	Remarks

ACCIDENTAL DEATH CLAIM

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. The original Policy Document.
- 2. Certified copy of Death Certificate.
- 3. Copy of Coroner's Depositions and Findings (if applicable).
- 4. Certified copy of Birth Certificate.

***Failure to provide these items may result in delays in processing your claim.**

What was the cause of death?

When did the accident occur?

Time

am

Was a coronial inquest held or is one to be held? If so, give details:

Yes

No

Name and Address of usual family doctor:

How long has the doctor been known to the patient?

PERSONAL LIABILITY CLAIM

THE FOLLOWING ITEM MUST BE INCLUDED WITH THIS CLAIM*

- 1. Letters or Demands of a claim made against you.
- 2. Quotations or receipts in support of a claim made against you.

***Failure to provide this item may result in delays in processing your claim.**

Bodily Injury - Provide relevant details - name, address, phone number and email address of Injured Party and details of Injured:

Damage to property - List all Property Damage together with name, address, phone number and email address of Party claiming damage against you:

Is the Injury or Damage related to a travelling companion?

Yes

No

Do you consider you were at fault? (If so, why)

RENTAL VEHICLES COLLISION AND THEFT EXCESS COVER CLAIM

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

- 1. The Rental Agreement
- 2. Notice from the Rental Company in respect of the excess or deductible.
- 3. Documentation evidencing payment of excess or deductible
- 4. A copy of the Rental Vehicle Repair Invoice from the Hire Company.

***Failure to provide these items may result in delays in processing your claim.**

Date Of Loss

Value of Excess/LDW

\$

Please provide a full description of the circumstances of the incident giving rise to the claim:

To Be Completed by the Insured for all Claims on Corporate Travel Policies

I, (Company Representative) _____

confirm that (Insured Person) _____

is an employee/member of _____

and that he/she was on Authorised Business Travel on the Date of Loss.

Signature _____

Name _____

Title _____

Contact Number _____

Claim Reference (if known) _____

Policy Number (if known) _____