



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.

We recommend that you retain copies of all documents that you submit in support of your claim.

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
 Postcode
6. Your Postal Address (if different to home address.)
 Postcode
7. Your Telephone Number at Home () Work ()
8. Your email address
9. Preferred method of contact Telephone Mail Email
10. Your occupation
11. 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.
12. Name of Travel Agent or Airline you organised your Travel Arrangements through
13. Name of person at the Travel Agent or Airline you organised your Travel Arrangements through
14. 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
15. The Travel Insurance Policy you were issued with has a policy number on it. Please insert the Policy Number here
16. At the bottom of the back cover of your Travel Insurance Brochure you may find a four character Policy Code, **POLICY**
if so, please insert the number here. If there is no code, leave blank. **CODE**

OFFICE USE ONLY

CASE No: _____

IMPORTANT: Please Attach Your Travel Insurance Policy Certificate To This Form When You Send It To Us.

Attached? Yes

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

Trip Cancellation Charges Claim

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.

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. 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
12. 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
13. Total cost of Your trip (excluding Travel Insurance) \$
Total amount refunded to you \$
Amount of claim \$

Medical Certificate

14. 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

Please Read The Claim Form Carefully

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.

1. Name of Carrier who delayed Your luggage

2. Your Arrival Date at Destination / / 3. Time am/pm

4. Date of Arrival of Your Luggage / / 5. Time am/pm

6. 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.

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

2. Date of Incident / / 3. Time am/pm

4. Date Discovered / / 5. Time am/pm

6. Place where loss, theft or damage happened

7. 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

8. 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 and obtain and provide us written confirmation of their response to your claim.

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.

1. Please provide us with a doctors certificate confirming the period you were/are unable to work. Attached? Yes
2. Please provide us with a letter from your employer confirming the date you had originally planned to resume your work after your trip, 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
3. If you are self-employed please supply a copy of your last taxation assessment. Attached? Yes
4. Will you or have you claimed any benefit for loss of income in relation to the injury sustained during the trip, from any other sources eg. Centrelink? Yes
If 'yes', please provide full details together with documents to verify the amount of benefits received or due.

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.

If this is applicable to you please complete this section of the claim form.

1. Name of the Vehicle Hire Company
2. Address Country
3. Date of accident/loss / /
4. Amount of Excess they charged you \$
5. 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
6. 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? 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 accomodation costs you incurred.

1. You must attach receipts, credit card vouchers or statements for any amounts you want us to pay you for. Attached? Yes
2. If the additional costs were incurred due to an illness, injury or death, the Medical Certificate on page 8 must be completed. Completed? Yes
3. If the expense has been incurred because of your transport provider, please attach a letter from them confirming the reason why. Attached? Yes
4. **Itinerary.** Please provide us with a copy of your itinerary. This shows us the details of all your travel arrangements. Itinerary attached? Yes
5. **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

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 except in the case of a minor illness or injury. If we need further information from a Doctor/Dentist/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 (a). Date referred to specialist [] / [] / [] 8 (b). Date first attended specialist [] / [] / []
9. Name and address of specialist/surgeon [] Postcode []
10. If completed by Surgeon/Specialist please provide full contact details of referring GP []
11. Are you aware of referrals to any other Surgeon/Specialist? Please provide details []
12. Is the described condition caused, accelerated, traceable or related to any recurring illness or condition? Yes [] No []
13. If YES, confirm dates of consultations regarding the condition over the past 12 months []
14. Please provide details of all medication you are aware of that your patient was taking, including the conditions prescribed for, or was prescribed over the past 12 months []
15. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers []
16. 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 [] / [] / []
Has 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 []

Please provide a printout of Patient History Summary (if applicable)

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 Insurance.

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 Photostat copy of this authorisation will be considered as effective and valid as the original.

Signature of Insured/Executor of the Estate [] Date []
Print Name []