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Travel Insurance Claim Form | Returning Home Early

Europe Assistance Australia

PO Box 547 | Pyrmont | NSW | 2000 |

PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.

Claimant Details

Claim Reference(if known):

Title: *(Mr/Mrs etc)* **Surname:** **First Name:** **Date of Birth:** / /

Nationality: **Occupation:**

Medicare Number: **Parent/Guardian's Medicare Number:** *(If medical claim for a minor)*

Home Address:

Home Tel:

Work Tel:

State: **Postcode:** **Mobile:**

Email:

Policy Details

Policy Number: **Date Issued:** / / **No. in Party:**

Independent Travel Arrangements: **Yes** **No** *(If no, provide the following*):*

*** Travel Agent & Branch:** *** Tour Operator:**

Date of Booking: / / **Departure Date:** / / **Return Date:** / / **Total Days:**

Country: **Resort/Town:**

It is against the law to submit a fraudulent insurance claim.
If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of civil action.

1. I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Europ Assistance nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
2. I/We understand that the information on this form will be passed to or used by Europ Assistance for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.
3. I/We subrogate all rights of recovery to Europ Assistance and also consent to them seeking reimbursement of any medical expenses paid by them.
   For medical related claims:
4. I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Europ Assistance or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. I am also aware that such information/records are relevant in the evaluation of my claim and that non - submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimants Name	Signature	Date of Birth	Date
		/ /	/ /
Claimants Name	**Signature**	**Date of Birth**	**Date**
		/ /	/ /

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.
2. All unused and used travel tickets, itineraries etc.
3. Original evidence of all additional travel expenses.
4. If early return is due to the medical condition, including death, of someone in the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.
5. If early return was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the curtailment.
6. If early return is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate or Letters of Administration issued in respect of the deceased's estate.
7. If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
8. If early return is for a reason other than those detailed in points 3 and 4 please forward independent written evidence of the incident or circumstances

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Date of scheduled return: / / **No. of days booked:**

Actual return date: / / **No. of days unused:**

If your early return was due to a person who was not travelling with you, please state their name and relationship to you:

Name: **Relationship:**

Was any attempt made to revalidate or use your original tickets: Yes **No**

If yes, were you successful in your attempts: Yes **No**

If no, please provide an explanation as to why no attempt was made to revalidate your tickets *(continue on a separate sheet at the end of the form if necessary)*

Names and ages of all those curtailing:

Name **Date of Birth** / /

Name **Date of Birth** / /

Name **Date of Birth** / /

Name **Date of Birth** / /

Did you contact the medical emergency assistance company: Yes **No**

If no, please explain below *(continue on a separate sheet at the end of the form if necessary)*

First call: Date: / / **Time:** **Name of person spoken to:** **Reference No:**

Please detail the reasons for early return *(continue on a separate sheet at the end of the form if necessary)*

List of additional and unused expenses *(continue on a separate sheet at the end of the form if necessary)*

Receipt No.	Date	Description of item	Currency	Amount	Paid Y/N
				Total Claimed	

Other Insurances

Do you (or anyone else claiming) have any other insurance which may cover this trip (e.g Travel insurance with your bank/credit card account, tour operator/ travel agent or home contents insurance etc.)

NB (A contribution payment is normal practice where 2 policies cover the same loss) **Yes** ☐ **No** ☐

If yes, please supply the following details:

Company name and address:

Policy Number:

Has a claim been submitted to any other company for this incident: **Yes** ☐ **No** ☐

Please provide details:

Method of payment for the trip: **Cash** ☐ **Cheque** ☐ **Credit/Debt Card** ☐ **Reward points/Airmiles** ☐

If a Credit/ Debt card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type

Previous Claims

Have you made any previous claims on this type of insurance: **Yes** ☐ **No** ☐

If yes, please provide details:

At the time of purchase of the policy or date of travel were you aware of any reason why the trip may need to be cut short:

Yes ☐ **No** ☐

If yes, please provide additional information:

Separate sheet to continue any questions necessary