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Travel Insurance Claim Form | Personal Accident, Personal Liability and Legal

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:** **Forename(s):** **Date of Birth:** / /

Nationality: **Occupation:**

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

Home Address:

State: **Postcode:**

☏ **Home Tel:**

☏ **Work Tel:**

☏ **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
		/ /	/ /
		/ /	/ /

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

Personal Accident Claims

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us a full account of the circumstances leading to the accident and the injuries sustained, including details of any witnesses or third parties involved in the incident.
3. Please provide the details of your regular general practitioner and any specialists from whom you have received treatment and your written confirmation that we may contact them for further information.

Personal Liability Claims

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us ALL correspondence received from any third party – THIS MUST BE UNANSWERED.
3. Provide a fully detailed account of the incident below, including damage, injuries and names and addresses of any witnesses or third parties involved. (Continue on a separate sheet if necessary.)

Special Note: Do not under **ANY** circumstances talk or write to any person regarding the incident, as this **WILL** invalidate you claim.

Legal Expenses Claims

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Provide a fully detailed account of the incident below, including damage, injuries and names and addresses of any witnesses or third parties involved. (Continue on a separate sheet if necessary.)
3. Please provide details of your registered medical practitioner and any specialists from whom you have received treatment, together with your written consent to contact them for further information.
4. Send us ALL correspondence received from any third party – THIS MUST BE UNANSWERED.

Special Note: Do not under **ANY** circumstances talk or write to any person regarding the incident, as this **WILL** invalidate you claim.

Personal Accident, Personal Liability and Legal Expenses

Type of claim: **Personal Accident:** ☐ **Personal Liability:** ☐ **Legal Expenses:** ☐

Third Party Contact Details:

Other Insurance:

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): **Yes** ☐ **No** ☐

NB (a contribution payment is normal practice where 2 policies cover the same loss)

If yes, please supply the following details:

Company name and address:

Policy No:

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: