

Claim Form (A) November 2007

- Overseas Medical And Dental • Additional Expenses
- Amendment Or Cancellation Costs

Claim Form (B) is for Luggage, Money, Delayed Luggage or Rental Car Insurance Excess Claims

NOTE: For all claims relating to sections of this policy not listed above, complete page 1 of this claim form and attach a letter summarising your claim.

- Please answer all questions and tick boxes where appropriate. Leaving a question blank may result in delays in settling your claim.
- Please provide us with the original documentation requested. Please also keep a copy of your claim.
- We shall respond to your claim within ten business days from the day we receive it.

- If you are claiming against the Cover-More Corporate policy, the Corporate Claim Declaration Form must also be completed and attached to this form.

OFFICE USE ONLY

Claim number:

YOUR DETAILS

Please tick preferred option for correspondence

Email Post

Title Given name/s

Family name Date of birth

Email address

Postal address

Suburb

Occupation

State

Postcode

Daytime contact number

()

Policy number

Travel agent name

A copy of your Certificate of Insurance must be attached Attached

Date arrangements booked

Date departed

Date returned

Have you ever made a Travel Insurance claim in the past? Yes No

If yes, please give details (including name of insurer):

Certain credit cards may provide basic travel insurance cover which may also cover your loss. Do you have credit card/s? Yes No

If yes, please state:

Provider

Type

Did you purchase your travel on the card/s? Yes No

Can you claim/have you claimed through any other source?

(e.g. private health fund, transport provider, third party etc.) Yes No

Details

In the last five years have you been in prison or convicted, for a crime attempted for financial gain? Yes No

FOR GST PURPOSES - only applies if your policy was purchased for a business

If you are entitled to an Input Tax Credit "ITC" for the GST on this policy you need to accurately advise us of this entitlement to avoid paying GST on any settlement proceeds.

The ITC on my premium is My ABN is

%

NOTE: If you are a business and registered for GST and do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

YOUR DECLARATION

I declare that all information contained on this claim form is/will be true and correct. I acknowledge that my personal information may be disclosed to, and obtained from, certain other parties as detailed in the Product Disclosure Statement.

Signature of Policyholder

Date

PLEASE COMPLETE THE FOLLOWING FOR ALL CLAIMS

Date of incident

Time

AM/PM

Country

Location

Cause of claim (include details of any illness/injury and if an injury please explain how the injury occurred). Please attach a letter if more space is required.

If your claim is due to someone's state of health:

Surname of person

First name

Date of birth

Relationship of person to you

Has the illness/injury occurred before? Yes No

If yes, please give details including approximate dates

MEDICAL AUTHORITY: To be completed by the person whose state of health caused the claim or the Executor of the Estate, if applicable

I authorise the insurer or its representatives to obtain from any person or organisation any information in respect of treatment for the condition/s which resulted in this claim. I acknowledge that a photocopy of this authorisation shall be considered as valid as the original.

Signature of Patient/Executor of the Estate

Print name

Name of usual doctor or dentist in Australia (whichever is applicable)

Doctor's or dentist's phone number

Doctor's or dentist's fax number

Doctor's or dentist's email or postal address (include postcode)

A. OVERSEAS MEDICAL & DENTAL EXPENSES

Please ensure that you attach the following documents:

Attached

- Original (not photocopy), itemised account/s
- Original medical report/dental report/hospital records confirming the nature of the illness or injury

Please list each bill/receipt separately:

Name of doctor/dentist, pharmacy, hospital or provider

Date of treatment, consultation etc.

Amount charged (include currency)

Paid?

OFFICE USE ONLY

<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="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/>

B. ADDITIONAL EXPENSES BENEFIT (after departure)

Please ensure that you attach the following documents:

Attached

- Original (not photocopy), itemised hotel accommodation accounts, transport tickets and receipts for what is being claimed
- A copy of your itinerary
- If your plans changed due to a policy holder's health, a medical certificate from the medical practitioner consulted (whilst on the journey) confirming the need to change your plans

<p>1. What were the unexpected costs incurred?</p> <table border="1"> <thead> <tr> <th>Description of cost</th> <th>Cost (state currency)</th> </tr> </thead> <tbody> <tr> <td>eg. hotel in Paris 27/5/06</td> <td>100 Euro</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Description of cost	Cost (state currency)	eg. hotel in Paris 27/5/06	100 Euro	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>2. If the event had not happened, how much did you expect to pay for transport/accommodation for the corresponding travel period?</p> <table border="1"> <thead> <tr> <th>Description of cost</th> <th>Cost* (state currency)</th> </tr> </thead> <tbody> <tr> <td>hotel in Milan 27/5/06</td> <td>75 Euro</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Description of cost	Cost* (state currency)	hotel in Milan 27/5/06	75 Euro	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>3. Deduct 2 from 1 and write amount here. This is the maximum amount you can claim under this policy section</p> <table border="1"> <tbody> <tr> <td>=</td> <td>25 Euro</td> </tr> <tr> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td>=</td> <td><input type="text"/></td> </tr> </tbody> </table>	=	25 Euro	=	<input type="text"/>	=	<input type="text"/>	=	<input type="text"/>	=	<input type="text"/>
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* If the amount shown was prepaid and you are not entitled to a full refund from the service supplier you should submit a claim for the non-refundable portion under the Cancellation section on page 3

C. TRAVEL DELAY

Please ensure that you attach the following documents:

Attached

- Written confirmation from the Transport Provider of the cause and period of the delay and the amount of compensation offered by them
- Original, itemised receipts for the hotel expenses claimed
- Documentary evidence from your travel agent which confirms the amount refunded for the unused accommodation

When were you due to depart?

Date Time AM/PM

When did you actually depart?

Date Time AM/PM

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D. SPECIAL EVENTS, CASH IN HOSPITAL, HIJACKING, LOSS OF INCOME, DISABILITY BENEFIT, ACCIDENTAL DEATH BENEFIT, PERSONAL LIABILITY

- Please attach a letter summarising your claim.
- If you are uncertain, please contact us for advice on the documents required to support your claim/s.

E. AMENDMENT OR CANCELLATION COSTS

To be completed by your travel agent

Please ensure that the following documents are attached:

- International flights: A copy of the airline fare sheet/rules (showing the fare conditions)
- For tours, cruises, accommodation, etc: A copy of the supplier's booking conditions. If the booking conditions do not allow us to calculate an exact cancellation fee (e.g. if they say the cancellation fee will be - "up to 50%" rather than "50%") we also require a letter from the supplier advising the net amount paid and the amount refunded by the supplier.
- A copy of the original itemised invoice
- A copy of the itinerary

Attached

		Cancellation costs			OR	Amendment costs
		A Gross amount paid	B Net amount refunded by supplier	Amount Claimable (A minus B)		
Flights (excluding taxes)	Name of supplier	Fare Code				
Flight Taxes				Fully refundable by the airline	\$0	
Hotels						
Packages						
Other (i.e. car hire, rail passes, etc.)						

Total Amendment/Cancellation Costs \$ (A)

If the trip was cancelled outright prior to departure what would it have cost to amend the trip to different dates (rather than cancel outright)? \$ (B)

I certify that I have supplied the required documentation and the information stated on this form is true and correct.

Consultant's name Consultant's signature

Agency name and address Date

Phone Fax Email

To be completed by you:

- On what date did you amend/cancel the trip?
- Did you cancel the whole trip prior to departure?
 Yes (go to question 3) No (you do not have to answer question 3 or 4)
- Is (B) (above) less than (A)?
 Yes (go to question 4) No (you do not have to answer question 4)
- It appears that if you had amended your trip to different dates it would have cost less than cancelling your trip. Why were you unable to travel on different dates?

If your claim is due to someone's health, the medical certificate on page 4 must be completed by their usual medical practitioner

