

Step 3: What are you claiming for?

This form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim, the Checklist on page 8 will help guide you.

:: Cancellation Fees And Lost Deposits/Rearranging Travel Costs/Loss of Reward Points

Are you claiming for:

- Cancellation Charges Lost Deposits
 Rearranging Travel Costs Loss Of Reward Points

1. Name of person causing the trip to be cancelled

2. Their Date of Birth
 / /

3. Relationship to you

4. Name of all people whose arrangements have been cancelled/affected.

5. Date Agent/Airline Notified
 / /

6. Date Trip Booked
 / /

7. Date of First Deposit
 / /

8. Date Final Money Paid
 / /

9. Total Amount Paid for Your Trip = \$
 (Excluding Insurance)

Total Amount Refunded to You = \$

Amount of Claim = \$

10. Was the Cancellation/Deferment due to an Illness, Injury or Death?
 No Complete questions 11 - 17 then go to **Checklist on Page 8**
 Yes Complete questions 11 - 17 then go to **Medical Certificate on Page 7**

Supplementary Questions for Loss of Reward Points

11. Total amount of points used to purchase air ticket

12. Did you pay any additional amount towards this air ticket?
 No
 Yes
 \$

13. Total amount of points refunded

14. Total amount of points lost

Supplementary Questions for Rearranging Travel Costs Only

15. Total Cancellation Fee if trip was cancelled outright
 \$

16. Date Trip Rebooked
 / /

17. Additional Amount Paid
 \$

:: Delayed Luggage Claim

1. Your Arrival Date at Destination / / 2. Time (24hrs, eg 17:35) :

3. Date Your Luggage Arrived / / 4. Time (24hrs, eg 17:35) :

5. What compensation did the carrier pay you? 6. Currency

Please provide a list of the essential items purchased

Description of Items	Place of Purchase	Date Purchased			Purchase Price			Currency
		DD	MM	YY	£	¢	¢	
<i>Gillette Disposable Razors</i>	<i>Boots</i>	15	08	07	5.48			GBP
<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="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="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="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="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"/>

:: Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

Loss Theft Damage

2. Date Loss/Theft/Damage Discovered

/ /

3. Time (24hrs, eg 17:35)

:

4. Who was it reported to?

Police Airline/Carrier Hotel Management Tour Guide
 Other

5. Name of Police Officer or Relevant Authority

6. Job Title/Position

7. Location

8. Report Number

9. Date Reported

/ /

12. List all items you wish to claim for. (Travel Documents to be listed on Replacement of Travel Documents table on Page 5).

Description of Item with Brand Names	Place of Purchase	Date Purchased			Purchase Price		Currency	Has the item been replaced
Sony DKX258 Digital Camera	Shap Shop Cameras	15	08	05	\$1,950.99		AUD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Can this be claimed against your household insurance policy?

No Go to 11

Name of Insurer

Yes

Policy Number

Amount paid by Insurer

\$

11. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

No Go to 12

Name of Fund

Yes

Membership Number

Amount paid by Health Insurer

\$

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. **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.**

:: Resumption of Trip Claim

1. Description of Additional Expenses to Return to Australia	Date of Expenses - From			Date of Expenses - To			Amount	Currency
Extra night accommodation at the Hotel De Paris	23	05	07	24	05	07	\$249.00	EUR

2. Description of Additional Expenses to Resume your Trip	Date of Expenses - From			Date of Expenses - To			Amount	Currency
Air Canada Economy Class Ticket	15	06	07	15	06	07	\$1,273.64	AUD

:: Loss of Income Claim Due To Injury

For Loss of Income Claims, please go to the **Checklist on Page 8** for Documentation Required

:: Medical and Dental Expenses Claim

1. Name of Ill/Injured Person

2. Their Date of Birth / /

3. Relationship to You

4. Nature of Illness/Injury

5. Date First Occurred / /

6. Was the 24 hour Assistance Service (OMEGA) contacted? Yes No
 OMEGA Case Number (if known) =

7. Has the person been treated for this illness/injury or similar before?
 Yes No
 If YES please give details below:

8. Name and Address of Doctor/Dentist who treated illness/injury abroad

9. Country where Illness/Injury was treated

10. Were they admitted to hospital? Yes No

Date Admitted / / Time (24hrs, eg 17:35) :

Date Discharged / / Time (24hrs, eg 17:35) :

IMPORTANT: Except in the case of a minor illness or injury, the Medical Certificate on page 7 must also be completed by the ill or injured person's usual G.P. (Doctor/Dentist) in Australia. If you are not sure, send the claim form to us and we will let you know if a medical certificate is required, or alternatively give us a call.

11. List of Medical Expenses Incurred

Type of Service	Date of Consultation			Cost Incurred	Account Paid
X-Ray	27	10	07	\$135.00	USD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

:: To be completed by the person whose illness/injury caused the claim

Medical Authority: With regards to MEDICAL EXPENSES/CANCELLATION/ADDITIONAL EXPENDITURE claims, I authorise any hospital, physician or other person who has 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.

Name of Insured/Executor of the Estate Their Date of Birth // Signature

:: General Practitioner/Dentist Medical Certificate

The Medical Certificate must be completed at the claimant's expense by the usual doctor/dentist (G.P.) of the person whose illness/injury/death caused this claim.

1. Name of Patient

2. Their D.O.B

//

3. Does he/she usually attend your practice?

No Go to 4

Yes If so, how long?

4. Please provide a precise diagnosis of the illness/injury

5. Date of the onset of the illness or injury

//

6. Date on which you were first consulted for symptoms of illness/injury

//

7. Did you refer your patient to a specialist?

No Go to 11

Yes If so, Name of Specialist

8. Address of Specialist

9. Date Referred

//

10. Date First Attended Specialist

//

11. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No Go to 12

Yes If so, please provide details

18. Please provide a printout of your patient history summary (if applicable)

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist (Please print)

Signature

12. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No Go to 13

Yes If so, please confirm dates of consultations over the past 12 months

i) //

ii) //

iii) //

iv) //

13. Please provide details of all medication that your patient was taking over the past 12 months (regardless of prescribing physician) and the relating condition.

Condition:

Medication:

Condition:

Medication:

Condition:

Medication:

14. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers

15. Was your patient a member of the travelling party?

No Go to 16

Yes How long was or will your patient be prevented from travelling?

From: //

To: //

16. Did your patient plan to travel against your prior advice? Yes No

17. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No Go to 18

Yes If so, please provide details

Address

Suburb

State

Post Code

Phone: -

Fax: -

Step 4 - Document Checklist

The following checklist will help you assemble the documents required to support your claim. You may find it helpful to tick the boxes once you have completed each appropriate section. **Please note we cannot accept claims that are incomplete.**

We cannot process your claim without the original documents. If you have misplaced your original documents or require assistance, please contact your issuing agent or tour operator in order to obtain original or duplicate copies. Please keep a copy for your reference.

For All Claims We Need Your

- Travel Insurance Policy Certificate
- Original Trip Itinerary

Trip Cancellation Claim

- Trip Refund Statement
- Booking Advice Showing Breakdown Of All Trip Costs
- Receipts Showing Payments Related To Trip
- Refund Notices From Airline/Wholesalers
- Booking Conditions Showing Cancellation Fees/Clauses
- Unused Vouchers/Wholesalers Invoices
- Death Certificate If Applicable
- Medical Certificate If Applicable
- Airline Tickets If Not Refundable

Loss of Reward Points Claim

- Original airline ticket with entire ticket sectors
- Reward statement showing total points used to purchase tickets and any points charged as cancellation and any refund of points

Luggage & Personal Effects Claim

- Proof of Ownership Of All Luggage And Personal Effect Items
- Repair Quotes For Damaged Items
- Loss Report From Police Or Relevant Authority
- Proof Of Compensation From Carrier
- Airline Tickets/Baggage Tags
- Airline Property Irregularity Report (PIR)
- Receipts For Essential Items Purchased
- Receipts For Replacement Items

Dentures and Dental Prosthesis Claim

- Receipt for original item plus receipt for replacement item noting cause for replacement

Replacement of Travel Documents Claim

- Receipts For Replacement Of Travel Documents

Loss of Income Claim (Due to Injury Overseas)

- Doctors Report Detailing Period Unfit To Work
- Copies Of Your Last 3 Pay Slips, Or If Self Employed, A Copy Of Your Last Taxation Assessment
- Centrelink Advice Of Payment If You Have An Entitlement
- Written Confirmation From Your Employer Of The Date You Were Scheduled To Return To Work

Rental Vehicle Insurance Excess Claim

- Rental Vehicle Agreement
- Receipts for Excess Payment
- Relevant Credit Card Statement
- Copy of Rental Vehicle Accident/Incident Report

Additional Costs Claim

- Receipts For Additional Expenses
- Confirmation From Carrier Verifying The Cause Of The Claim
- Booking Invoice Showing Original Pre-paid Arrangements

Resumption of Trip Claim

- Original Trip Booking Invoice itemising breakdown of costs for both Original and New Booking
- Original and New Itinerary
- Copy of Return Ticket Used and Unused
- Invoice and Receipt for new ticket purchase to resume journey
- Medical or Death Certificate of Person who caused return to Australia

Medical/Dental Claim

- Original Medical/Dental Receipts
- Treating Doctors Report

IMPORTANT - In processing your claim we may request further information to help support your claim.

Step 5 - Have you filled in all the appropriate sections of the claim form?

It will delay the processing of your claim if you have not completed all sections of the form.

- No Please review claim form
Yes Complete the Declaration below.

Step 6 - Declaration

If we agree to pay a claim under your policy, the 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 the issuing agent or QBE Travel Insurance.

Signature of Insured/Executor of the Estate/Power of Attorney

Print Name:

Date: / /