

Claim Form

Submit your claim to Cover-More by:

Post: Cover-More Claims Department Private Bag 913, North Sydney NSW 2059

Fax: 02 9202 8098

Email: claims_processing@covermore.com.au

Phone: 1300 72 88 22

Part 1: General Information (This part of the claim form is compulsory)

Policy number Unsure? Contact your issuing agent to obtain a copy of the Certificate of Insurance.

a) Your Information

Title	Given name/s	Surname	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> /
Occupation	Mobile phone (or best other contact)	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal address	Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

b) Payment

If your claim is approved we will deposit your settlement into your nominated account below (we cannot make payments to a credit card)

Name of Bank	Branch			
<input type="text"/>	<input type="text"/>			
Account Name	BSB Number	Account Number		
<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"/>		

If you do not complete above payment details, we will post you a cheque which may take up to 5 additional days.

c) ABN Holders

Are you registered for GST purposes? Yes No

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made?

Yes No

ABN

If Yes, what percentage of the GST did you claim or are you entitled to claim? (If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)

c) Your Declaration

I declare that all information on this claim form is true and correct. I acknowledge that my personal information may be disclosed to, and obtained from, certain other parties (refer to privacy statement) as detailed in the combined Financial Services Guide and Product Disclosure Statement.

Signature of Policyholder(s)

Date

/

WARNING

To avoid passing the costs of dishonest and fraudulent claims on to you, our honest policyholder, we are committed to investigating claims. We try to conduct investigations quickly and with minimal disruption. All cases of fraud will be reported to the Police and can result in imprisonment.

d) Credit Card Information (only required if your claim exceeds \$2,000)

Some credit cards may provide LIMITED travel insurance cover in some circumstances.

Have you purchased your travel arrangements on your credit card? Yes No

If yes, please state:

Provider	Type
<input type="text"/> e.g. ABC Bank	<input type="text"/> e.g. Gold Visa

REQUIRED DOCUMENTATION

Original itinerary.

Certificate of Insurance.

If you have answered YES to purchasing your travel arrangements on a credit card, you will need to supply:

Front page of your credit card statement which shows the card holder's name as well as the first 8 digits of your credit card number.

The page of your credit card statement which shows the purchase of your travel arrangements.

Part 2: Overseas Medical And Dental

Please describe your illness or injury. If your claim is due to an injury, please give a full description of the event.

Please list each bill/receipt separately:

Name of doctor, dentist, pharmacy, hospital or provider

Date of treatment, consultation etc.

Amount charged
(include currency)

Paid?

□	□	/	□	□	/	□	□
□	□	/	□	□	/	□	□
□	□	/	□	□	/	□	□
□	□	/	□	□	/	□	□

Yes No

Yes No

Yes No

Yes No

REQUIRED DOCUMENTATION

- Medical Certificate **A** completed by your medical practitioner (page 5).
- Medical Authority **A** (page 5).

- Medical reports from the treating overseas medical provider which confirm the diagnosis.
- All original invoices and receipts.

Part 3: Additional Expenses

Please complete this section if you are claiming for expenses incurred as a result of an unforeseen event. E.g. Accommodation and transport expenses.

Please provide a full description of why the additional expenses were incurred.

Description of cost	Amount claimed	Description of cost	Amount claimed
1.		4.	
2.		5.	
3.		6.	

If the above event had not occurred, what were your original plans for this same time period?

Original plan	Cost	Original plan	Cost
1.		4.	
2.		5.	
3.		6.	

Were your original plans above pre-paid? Yes No Partly paid

If your original plans were pre-paid, did you receive a refund? Yes No

If your claim is due to travel delay please advise when you were due to depart and when you actually departed.

When were you due to depart?

When did you actually depart?

Date / / Time AM/PM

Date / / Time AM/PM

REQUIRED DOCUMENTATION

- All original invoices and receipts.
- If the claim is due to travel delay, you will need to supply a letter from the transport provider that confirms the length and reason for the delay as well as any compensation offered.

- If the expenses were incurred due to someone else's health (i.e. someone not on the policy), Medical Certificate **B** (page 6) will need to be completed by that person's usual medical practitioner.



Part 4: Amendment And Cancellation Costs

IMPORTANT: Your travel agent will help you with your amendment or cancellation claim. If you are claiming for travel arrangements made by your travel agent, please ask your agent to complete the Agent Form on the Cover-More Policy Issuing System.

Please advise the reason for cancelling/amending your journey as well as the date this occurred.

Please sign below if you would like your Travel Agent, _____, to be able to liaise with Cover-More on your behalf.

Signature of Policyholder(s)

Date

□□ / □□ / □□

You only need to complete the below for travel arrangements being claimed that were not arranged by a travel agent.

Your policy covers you for amendment or cancellation, whichever is the less (subject to policy limits and the terms and conditions of the Product Disclosure Statement). Firstly you need to work out how much it would cost you to amend your journey (e.g. to travel at a later date) vs. the non-refundable amount you won't be able to get back if you cancel the journey. In most cases it is cheaper to amend your journey rather than cancel.

Travel Arrangement	Cancellation costs			OR	Amendment costs
	A Amount paid	B Amount refunded by supplier	Amount Claimable (A minus B)		
	-	=			=
	-	=			=
	-	=			=

Total Amendment/Cancellation Costs

\$

On what date did you amend or cancel the trip?

□□ / □□ / □□

If you are claiming for cancellation costs, please advise why you were unable to amend your travel arrangements?

If your claim is due to someone's health, Medical Certificate B (page 6) must be completed by their usual medical practitioner.



Part 5: Luggage And Money

Date of incident

□□ / □□ / □□

Time

AM/PM

Country

Location

Please advise how the loss/theft/damage occurred. If the incident occurred while the goods were with you, please detail where the goods were placed in relation to your person at the time (please attach a letter if more space required).

Were the Police or a responsible authority notified? Yes No

Report Reference Number

If No, please explain why this policy requirement was not met.

Did you contact our emergency assistance team? Yes No

If you are claiming for spectacles, dentures or a hearing aid, are these items claimable against your private health fund? Yes No

If Yes, please provide the name of fund, the membership number and the amount paid by the health insurer.

WARNING: Unfortunately, fraudulent claims increase travel costs for all travellers, so Cover-More has a dedicated team of fraud specialists that will investigate all suspected cases of fraud. Fraud includes claiming for items that you have never owned, claiming for items that were not lost or stolen, inflating the amount of your claim or providing false or misleading information about how the loss occurred. Lodging a claim that has been fabricated, inflated or overstated is a fraudulent act. All cases of fraud will be reported to the Police and can result in imprisonment.

Full Description of each item	Brand, model, number etc	Original purchase price & currency	Month & year of purchase	Place of purchase	Proof of ownership attached?	Have you replaced this item?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>



Part 5: Luggage And Money continued...

REQUIRED DOCUMENTATION

- Original (not photocopy) loss/theft/damage report e.g. Police report, hotel report, transport provider letter etc.
- For items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying. Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits. You need to claim compensation from the transport provider in the first instance before submitting your claim to us.
- For electrical items e.g. cameras, computers, mobile phones, iPod's, MP3 players, etc., we require the original receipts (not photocopy). If you no longer

have the original receipt please obtain a duplicate from the place of purchase.

- For all other Items, we require original (not photocopy) purchase receipts (or duplicates from the place of purchase). Other documents you may submit for consideration are warranty cards, instruction manuals, credit card/bank statements, photographs or packaging.
- Damaged Items: Obtain from a repairer (of your choice) a quote stating the repair cost or a letter stating that the item is damaged beyond economic repair.
- Copies of receipts for replacement items if you have replaced the items which were lost, stolen or damaged.



Part 6: Delayed Luggage

Have you received compensation from the airline? Yes No If Yes, what was the compensated amount? Please attach confirmation

If No, for items lost or stolen while in the custody of a transport provider, we require a letter from the transport provider advising the amount of compensation they are paying. Travel insurance protects you against the amount the transport provider is unable to compensate you for, subject to your policy conditions and limits. You need to claim compensation from the transport provider in the first instance before submitting your claim to us.

When did your flight arrive?

Date of incident / / Time AM/PM

When did you receive your luggage back?

Date of incident / / Time AM/PM

Description of items purchased	Price and currency	Description of items purchased	Price and currency
1.		3.	
2.		4.	

For the travellers(s) affected: How many bags did you check in? How many of these bags were delayed?

REQUIRED DOCUMENTATION

- Original (not photocopy) loss report from the transport provider with confirmation that all of your luggage was delayed, the length of time your total luggage was delayed and details of compensation paid by them.
- Original (not photocopy), itemised receipts for essential, emergency purchases of clothing & toiletries (made whilst your luggage was delayed).



Part 7: Rental Car Insurance Excess

Date of incident / / Time AM/PM Country Location

Please advise how the accident/damage/theft occurred

Did the damage occur whilst driving on an unsealed surface? Yes No Excess you were liable to pay Repair costs Amount you are claiming

Was there another party at fault? Yes No

If yes, please provide the name and address of the at fault party as well as their insurance details if known.

REQUIRED DOCUMENTATION

- Original Rental Agreement showing the excess you were liable to pay.
- Copy of the itemised repair invoice showing the cost of repairs to the vehicle.
- If another party was at fault, written confirmation from them of the compensation payable by them



Part 8: Other Expenses Claimed

This section is for any other expenses not mentioned above.

Nature of expense	Amount claimed	Nature of expense	Amount claimed
1.		3.	
2.		4.	

Please forward relevant supporting documentation to assist us in processing your claim. For more information, contact Customer Service on 1300 72 88 22.

MEDICAL AUTHORITY **A** (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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Doctor's or dentist's phone number	Doctor's or dentist's fax number
	<input type="text"/>	<input type="text"/>
Doctor's or dentist's email or postal address (include postcode)		
<input type="text"/>		

IMPORTANT: Medical Certificate **A** will need to be completed by your usual medical practitioner for overseas medical claims.

To be completed by your usual medical practitioner who you have been attending for at least 12 months. If you do not have a usual medical practitioner, please contact Cover-More.

- Name of patient 2. Date of Birth //
- Are you the patient's usual G.P.? Yes No
 - If Yes, for how long?
 - If No, do you have access to their medical records? Yes No
From what date? //
- What do you understand to be the sickness or injury which resulted in the need to seek medical expenses or interrupt the patient's travel plans?
- Has the patient previously been investigated, diagnosed or treated in respect to the same/similar/related sickness or injury? Yes No
Please provide details

If Yes, please attach copies of all letters from referred specialists, the patient's full medical history, current medications and all hospital visits for the past 2 years.

- Was there any indication prior to travel that medical care may be required on the journey?
- Did the patient travel against your advice (or the advice of any other medical professional known to you)? Yes No
- I certify that the statements contained in this Medical Certificate are true and correct

Doctor's Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	Qualification	Telephone
	<input type="text"/>	<input type="text"/>
Email address, fax number or postal address		
<input type="text"/>		

Medical Certificate **B** - Medical Related Amendment Or Cancellation Claims

MEDICAL AUTHORITY **B** (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)		

IMPORTANT: Medical Certificate **B** will need to be completed by your usual medical practitioner for medical related amendment or cancellation claims.

To be completed by your usual medical practitioner who you have been attending for at least 12 months. If you do not have a usual medical practitioner, please contact our office directly. Our customer service team can be reached on 1300 72 88 22.

1. Name of patient 2. Date of Birth

 /

 /
3. Are you the patient's usual G.P.? Yes No
 - a. If Yes, for how long?
 - b. If No, do you have access to their medical records? Yes No
 From what date?

 /

 /
4. a. Please give a precise diagnosis of the illness or injury.
- b. On what date did the patient first consult you with symptoms of this condition?

 /

 /
5. Date of onset of illness or injury
 /

 /
6. Date tests prescribed
 /

 /
7. Date tests carried out
 /

 /
8. Date results advised to patient
 /

 /
9. Date referred to specialist
 /

 /
10. Name and address of specialist/surgeon
11. If due to pregnancy:
 - a. On what date was the pregnancy confirmed?

 /

 /
 - b. How many weeks pregnant was the person on this date?
 - c. Was the conception medically assisted? Yes No
 - d. have there been previous complications with this or any other pregnancy? Yes No
12. Have you previously treated or advised this patient in respect of the same/similar/related illness or injury as described in question 4a? Yes No
13. If yes,
 - a. State the diagnosis of the previous illness/injury
 - b. Advise the date of occurrence of the previous illness/injury and advise what treatment/medication was prescribed
 - c. Is the patient receiving any regular advice, treatment or medication for this condition or any similar/related condition? If so please give details
 - d. Was the patient hospitalised? Yes No If Yes, advise admission date
14. Are you prepared to certify that solely due to the condition described in question 4a, the claimant/s was/were required to cancel or curtail the travel arrangements? Yes No
15. The following questions only apply if the patient was in the travelling party. How long was or will the patient be prevented from travelling?
 From
 /

 /

 To
 /

 /
16. Had the patient planned to travel against your prior advice? Yes No
17. If the condition is suffered by a non-traveller, please advise on the issue date of the policy, given as _____ (issue date of policy), whether in your medical opinion, it would be considered highly unlikely that the patient (being the non-traveller above) would be hospitalised or pass away after this date.

Doctor's Signature	Name	Date
		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	Doctor's or dentist's phone number	Doctor's or dentist's fax number
Email address, fax number or postal address		