

TRAVEL INSURANCE CLAIM FORM

This claim form is for Travel Insurance purchased in conjunction with a Sportscover policy.

PRIVACY We (Sportscover Australia Pty Ltd) are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). Sportscover may need to collect personal information in order to handle your claim, and may disclose this information to third parties who they believe are necessary to assist them in handling your claim. These parties will only use the personal information for the purposes we provided it to them for (or as required by law). You are entitled to access your information if you wish and request correction if required.

INTERNAL DISPUTE RESOLUTION If you have a complaint about the services provided to you, contact Sportscover which has an internal dispute resolution system designed to seek to resolve any complaints or disputes that may arise. If you are still dissatisfied after discussing your complaint with us, you should contact Lloyd's General Representative in Australia. If your complaint is still not resolved to your satisfaction, you may contact the financial Ombudsman Service Ltd (FOS), which is an external dispute resolution body.

FRAUD Insurance fraud placed additional costs on honest policyholders. Fraudulent claims force insurance premiums to rise. We encourage the community to assist in the prevention of insurance fraud. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under the law. Report insurance fraud by calling 1300 625 229.

PART 1 – Claim Form Completion Requirements

- Please read this claim form carefully and complete ALL sections outlined on this form, including the Declaration on page 10.
- Please use block letters
- Please retain a copy of ALL documents for your records
- Documents in a foreign language are required to be translated into English at your own expense
- The claim form and ALL supporting documentation may be mailed, emailed or faxed to us. **Please note: We reserve the right to request the original receipts, reports or any other documentation be submitted in order to substantiate the claim.**
- Please refer to the specified documentation requirements that you will need to provide when lodging your claim. As each claim is unique, further information may be requested by us.
- **A copy of your Certificate of Insurance must be supplied with your claim.**
- **If any part of your claim is of a dishonest or fraudulent nature, then your claim will be denied and will be referred to the appropriate authorities.**

Correspondence for Travel Claims:

Claims Department
Locked Bag 6003
Wheelers Hill, VIC, 3150
Australia

Email: claims@sportscover.com
Phone: 1300 13 49 56
Facsimile: (03) 8562 9111

TRAVEL INSURANCE CLAIM FORM

PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED

PART 2 – Claimant Details

Name of Policyholder(s) _____

Name of Claimant (Mr/Mrs/Miss/Ms) _____

Certificate of Insurance/Policy Number _____

Address _____

State _____ Postcode _____

Telephone (AH) _____ Mobile _____

Telephone (BH) _____ Fax _____

Email _____

Date of Birth / / _____

Occupation _____

Travel Agent _____

Date of booking travel arrangements / / _____

Date of Departure / / _____ Date of Return / / _____

Details of Journey _____

If you wish to give authority for another person to act on your behalf in respect to this claim you must complete the following details (otherwise we will not be able to give any information about your claim to any other person).

I/We, authorise (Name) _____

Of (Address) _____

State _____ Postcode _____

Telephone (AH) _____ Mobile _____

Telephone (BH) _____ Email _____

to act on our behalf in respect to this claim and to be provided with information relating to the claim.

A. Previous Travel Claims History

Have you made previous travel insurance claims? Yes No

If Yes, please complete table below (provide additional pages if required). If No, please go to question B.

Date of Claim	Name of Insurer	Claim Number	Amount Claimed	Amount Paid

PART 2 – Claimant Details - continued

B. Travel Arrangements

(a) Did you use a credit card to purchase your travel (eg: flights, accommodation, tours)? **Yes No**

(b) If yes, please complete the following:

Name on Credit Card _____

Name of Financial Institution _____

Card Type Visa Mastercard Diners Amex

Card Level Gold Platinum Other: _____

PART 3 – Claim Information

In this section we will ask you the circumstances of your claim and the amount that you are claiming. Please tick the applicable box(s) relating to your claim and answer the corresponding section.

- A.** Overseas Medical, Dental and/or Hospitalisation Expenses Claim – please see below
- B.** Cancellation Charges/Loss of Deposit Claim (Cancellation of Pre-paid Arrangements) – please go to page 4
- C.** Additional Expenses Claim (Additional Travel or Accommodation Expenses) – please go to page 5
- D.** Luggage and Personal Effects Claim - please go to page 6
- E.** Rental Vehicle Excess Claim – please go to page 7
- F.** Delayed Luggage Expenses Claim – please go to page 8
- G.** Other – please go to page 9

Please answer all questions relating to what is being claimed; otherwise we will be unable to process your claim.

A. Overseas Medical, Dental and/or Hospitalisation Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of your Certificate of Insurance.
2. Medical/Hospital/Dental Report detailing Treatment and Diagnosis.
3. Itemised accounts giving a breakdown and description of costs claimed, together with receipts if any accounts have been paid by you.
4. Completed Medical Certificate (see last page of claim form).

***Failure to provide these documents may result in delays in processing your claim.**

Type of Injury or sickness _____

Date of Accident or Commencement of sickness ____ / ____ / ____

If injury - Give full details of Accident including country where the incident occurred _____

Date of First Medical/Dental Consultation ____ / ____ / ____

Name of Doctor, Dentist and/or Hospital _____

Details of the treatment by Doctor, Dentist and/or Hospital _____

Dates in Hospital - Admitted ____ / ____ / ____ am/pm Discharged ____ / ____ / ____ am/pm

PART 3 – Claim Information - continued

Did you contact our emergency Assistance department? **Yes** **No**

Have you ever suffered from the same or similar injury or sickness in the past? **Yes** **No**

If yes, please give details including dates, names and addresses of treating physicians. _____

Name and Address of usual family doctor _____

Please list each receipt/bill separately in the table below. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expense/s were incurred.

Name of Doctor/Dentist/ Pharmacy/Hospital or Provider	Treatment Performed	Date of Treatment	Amount Charged (State Currency)	Paid (Yes/No)	Refund from Health Funds
e.g. Doctor R Smith	e.g. Consultation	e.g. 10/02/2011	e.g. EUR 100	e.g. Yes	e.g. EUR 75

B. Cancellation Charges/Loss of Deposit claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of your Certificate of Insurance.
2. Copy of original Itinerary.
3. Terms and Conditions issued by Travel Agent and/or Transport, Tour or Accommodation Provider.
4. Letter from Travel Agent or, where travel was not arranged through a Travel Agent, a letter from the relevant organisation through whom travel was booked, confirming payments made, refunds given and any amounts you are out of pocket.
5. Proof of payment for trip (ie: Receipts, credit card/bank statements showing payments made).
6. If travel was cancelled due to Medical Reasons/Death – completed Medical Certificate (see last page of claim form) and copy of Death Certificate (if applicable).
7. If travel was cancelled by a Transport Provider – letter from them explaining the circumstances of the cancellation and any refund/compensation paid or payable to you.

***Failure to provide these documents may result in delays in processing your claim.**

What was the reason why you could not commence or complete your proposed journey? _____

Was your journey cancelled as a result of injury/Sickness to yourself? **Yes** **No**

PART 3 – Claim Information - continued

Was your journey cancelled as a result of injury/Sickness to any other person? **Yes** **No**

If yes, please provide:

Full Name _____ Date of Birth ____ / ____ / ____

Relationship to yourself _____

Address _____

Nature of Injury/Sickness _____

Date your Journey was booked ____ / ____ / ____ Date your Journey was cancelled ____ / ____ / ____

Details of Journey:

Date	Description of Booking	Supplier	Amount Paid	Refund Received	Amount Claimed

C. Additional Expenses Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of your Certificate of Insurance.
2. Copy of original itinerary.
3. Receipts, bank/credit card statements showing amounts paid by you for original Itinerary.
4. Proof of payment for additional expenses claimed (ie. Tax invoices, receipts, credit card/bank statements showing payments made).
5. If the additional expenses were incurred due to the unfortunate event of a death – a copy of the Death Certificate.
6. If the additional expenses were incurred due to a Transport Provider – letter from them explaining circumstances and any compensation paid to you.

***Failure to provide these documents may result in delays in processing your claim.**

Please state the reason/event that caused the additional expenses being incurred, including the country of incident:

What was the unexpected expense incurred? _____

PART 3 – Claim Information - continued

What action was taken to recover lost items? _____

Are there any of the items covered by other insurance? **Yes** **No**
If yes, which company? _____ *Policy Number* _____

Were all the missing articles owned by you? **Yes** **No**
If no, give details: _____

Articles Claimed:

Full Details of Articles Claimed	Store From Where Item Was Originally Purchased	Original Date of Purchase	Original Purchase Price	Amount Claimed (AUD)	Proof of Purchase Attached?

E. Rental Vehicle Excess Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of your Certificate of Insurance.
2. Copy of your Rental Vehicle Agreement.
3. Copy of the Repair Invoice if claim is due to the Rental Vehicle being damaged.
4. Copy of documents showing amount debited to you by Rental Vehicle company for damage/excess.
5. Report made to the Police or other appropriate Authority.

***Failure to provide these documents may result in delays in processing your claim.**

Date and time of accident/incident _____ Location of accident/incident _____

Rental Vehicle company name _____ Country where the vehicle was rented _____

Please state in full, exactly what happened for the claim to arise (if necessary, a diagram may be used to depict the event):

PART 3 – Claim Information - continued

Was the damage due to a collision with another vehicle? **Yes** **No**
If yes, please provide the name and address of the person who was driving the other vehicle involved in the collision

Please provide the registration number of the other vehicle _____

Please provide the name and address of the insurer of the other vehicle _____

Did police attend the incident? **Yes** **No**

Was the accident/incident your fault? **Yes** **No**

Repair costs _____ Date the damage was paid for ____ / ____ / ____

Excess you were liable to pay \$ _____ Amount you are claiming for \$ _____

Have you received compensation from any person or party involved in the accident or incident? **Yes** **No**

If yes, please state the amount received _____

F. Delayed Luggage Expenses Claim

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS CLAIM*

1. Copy of your Certificate of Insurance.
2. Itemised receipts for the purchase of Essential Items claimed by you.
3. Property Irregularity Report from the3 Carrier (ie. Bus line, airline, shipping line or rail authority) and confirmation of any compensation paid to you.
4. Ticket and Baggage Tags from the Carrier who caused your luggage to be delayed.

***Failure to provide these documents may result in delays in processing your claim.**

Name of the Carrier who delayed your luggage _____

Your arrival date ____ / ____ / ____ Your arrival time _____ am/pm

Date that your luggage was returned to you ____ / ____ / ____ Your arrival time _____ am/pm

What compensation was received from the carrier?

Please complete the below schedule in full. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expenses were incurred.

Description of Essential Items Purchased	Date of Purchase	Price Paid	Store Where Item Was Purchased	Receipt Attached YES/NO
e.g. Woollen Jumper	e.g. 23/01/2012	e.g. EUR 100	e.g. Benetton of London	e.g. Yes

