

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for your claim, and send by registered post to ensure delivery.

## Claimant Details Claim Reference (if known)

<b>Title</b> <i>(Mr/Mrs etc)</i>	<b>First Name</b>	<b>Surname</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Nationality</b>	<b>Occupation</b>		
<input type="text"/>	<input type="text"/>		
<b>Medicare Number</b>	<b>Parent / Guardian's Medicare Number</b> <i>(If medical claim is for a minor)</i>		
<input type="text"/>	<input type="text"/>		
<b>Home Address</b>	<b>Home Phone</b>		
<input type="text"/>	<input type="text"/>		
	<b>Work Phone</b>		
	<input type="text"/>		
	<b>Mobile</b>		
	<input type="text"/>		
<b>State</b>	<b>Postcode</b>	<b>Email</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Policy Details

<b>Policy Number</b>	<b>Date Issued</b>	<b>Number of Travellers</b>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<b>Independent Travel Arrangements:</b>	<i>If no, provide the following*:</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>*Travel Agent and Branch</b>	<b>*Tour Operator</b>	
<input type="text"/>	<input type="text"/>	
<b>Date of Booking</b>	<b>Departure Date</b>	<b>Return Date</b>
<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"/>
<b>Country</b>	<b>Resort / Town</b>	
<input type="text"/>	<input type="text"/>	
	<b>Total Days</b>	
	<input type="text"/>	

**I DECLARE THAT:**

- ▶ I will use my best endeavours and render all reasonable assistance and co-operation to Auto & General Insurance Company Limited in the assessment of my claim;
  - ▶ The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim;
  - ▶ I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
  - ▶ I understand that by investigating my claim or by accepting proofs of my claim, Auto & General Insurance Company Limited has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy;
  - ▶ A photocopy of this Authorisation shall be considered as effective and valid as the original and I specifically authorise its use as such.
- I appoint Auto & General Insurance Company Limited to do everything necessary or expedient to:
- ▶ give effect to the transactions contemplated by the authorisations described; and
  - ▶ execute and deliver any other documents or do any other acts referred to in the transactions described.
- I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Auto & General Insurance Company

Limited in its absolute discretion considers relevant for its assessment of initial or ongoing benefits for my claim including, without limitation:

- ▶ all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- ▶ my Health Insurance claims history, including Medicare;
- ▶ any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
- ▶ any information from third persons who may have information relevant to my eligibility to receive benefit, or my entitlement to receive an ongoing benefit.

**Privacy Statement**

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this claim will be held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health providers, investigators, our specialist advisors, service providers, or as required by law. Your personal information may also be disclosed to third parties in the countries and regions nominated under your policy, or any other regions where you may require assistance. For further information please see our privacy policy or email us at [autogeneral@claims-travel.com.au](mailto:autogeneral@claims-travel.com.au).

**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)  Postcode

Phone  Mobile  Date of Birth  /  /

**I have read and fully understand the declarations above (ALL persons claiming must sign)**

<b>Claimant's Name</b>	<b>Signature</b>	<b>Date of Birth</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Claimant's Name</b>	<b>Signature</b>	<b>Date of Birth</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Travel Delay

Scheduled departure from the international departure point: Date  /  /  Time  AM  PM

Place of scheduled departure  Time of scheduled check-in for international departure  AM  PM

Departure from your home address or resort: Date  /  /  Time  AM  PM

At what point in your journey did the delay occur / commence

Eventual travel: Date  /  /  Time  AM  PM

If the claim is submitted as a result of a motor vehicle accident involving a third party, please provide their details and those of their insurers below.

Third party's name  Insurer's name

Third party's address  Insurer's address

Policy No  Claim No

## Other Insurance

Do you (or anyone else claiming) have any other insurance which may cover this trip. eg Travel insurance with your bank / credit card account, tour operator / travel agent or home contents insurance etc. (NB contribution payment is normal practice where 2 policies cover the same loss).

Yes  No  If yes, please supply the following details:

Company name and address

Policy Number

Has a claim been submitted to any other company for this incident: Yes  No  If yes, please provide details:

## Bank Details

Should Auto & General Insurance Company Limited need to reimburse you we require your bank details.

Name of Account Holder

BSB  Account Number

## GST (for domestic policy claims only)

Are you registered for GST and did you claim a GST input tax credit on your premium? Yes  No  If yes, what is your input tax credit entitlement percentage:  (i.e. a full entitlement is 100%)

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

- Evidence of travel showing names of all claimants and dates of BOOKED outward and return travel (booking invoice, travel tickets, itinerary etc.).
- A letter from the transport company (airline, bus company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Additional space to continue any questions necessary

Empty space for providing additional information or questions.