

You must register any claim within 30 days after completion of your travel. We prefer if you lodge your claim with us digitally, either through our InsureandGo Website (https://quote.insureandgo.com.au/policylogin.aspx) or emailing us a scanned copy of this claim form along with a copy of documents requested.

nttps://quote.insureandgo.com	n.au/policylogin.aspx) or emailing us	a scanned copy of this claim form along with a copy of	documents requested.		
Claimant Details		Claim Reference (if known)			
Title (Mr/Mrs etc) Surname		Forename(s)	Date of Birth		
			/ /		
Nationality		Occupation			
Medicare Number		Parent/Guardian's Medicare Number (If medical claim is for a minor)			
Home Address		<b><sup>®</sup></b> Home Phone			
		<b>™</b> Work Phone			
		<b>™</b> Mobile			
State	Postcode	⊠ Email			
Policy Details					
Policy Number		Date Issued / /	Number in Party		
Independent Travel Arrange	ements: Yes No	If no, provide the following *:			
*Travel Agent & Branch		* Tour Operator			
Date of Booking	Departure Date	Return Date	Total Days		
/ /	/ /	/ /			
Country		Resort/Town			
use of legal action.	a fraudulent insurance claim. If you	claim is found to be fraudulent the claim will be declin	ned and Insurers will pursue recovery by the		
I/We hereby declare that:	ants submitted for this claim are true a	nd correct			
1. All information and documents submitted for this claim are true and correct.					

- 2. Information on this form will be used by Europ Assistance Australia Pty Ltd (InsureandGo Australia) for my insurance which includes underwriting, claims handling, fraud prevention and could include passing to other insurers to access my previous claims history.
- 3. We subrogate rights of recovery to Europ Assistance Australia Pty Ltd (InsureandGo Australia) and also consent to them seeking reimbursement of any medical expenses paid by them.

## For medical related claims:

4. This is an Authority by me for any doctor, hospital, insurer, other organisation or person having any records or information concerning my medical history/treatment to furnish records/information as may be requested by Europ Assistance Australia Pty Ltd (InsureandGo Australia) or their agents. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

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

## Privacy Statement & Consent

oxed I have read, understood and agree with the Privacy Statement below

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be collected, held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

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 service providers, investigators, our specialist advisors, our service providers, or as required or authorised by law.

Your personal information may be disclosed to entities and parties located overseas, including Spain, United Kingdom and the Philippines. Your personal information may also be disclosed to entities and parties in the countries and regions nominated under your insurance policy, or any other regions where you may require assistance.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.insureandgo.com.au/privacy-policy.html or contact us at info@insureandgo.com.au.

Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /
Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /



Baggage Delay Claims Only					
Arrival in resort: Date / / Time AM					
How long was your luggage delayed  Has compensation been received from the carrier: Yes  (If yes, please provide documentary evidence of this)					
Flight Number					
Loss, Theft or Damage Claims Only					
Where and when did the loss, theft or damage occur					
Loss, theft or damage discovered:  Date / / Time AM Place of Incident (country, resort, town)					
Was the incident reported to the:					
Police: Date / / Time PM Reference number					
Carrier eg. Airline: Date / / lime PM Reference number					
Detail below the full circumstances surrounding the incident and the precautions taken to protect your property					
Where were the items at the time of the loss, theft or damage					
Loss and theft claims only: What action did you take to attempt to recover your property? Was the incident reported to any other authority, eg. your holiday rep, rental car company or hotel etc? Please provide full details and a copy of their report if obtained					
Have you or anyone else claiming made any previous claims for personal effects or money: Yes No If yes, please give full details below:					
Do you/your family or anyone else claiming have any other insurance which may cover this loss, eg. travel insurance with your bank/credit card account, tour operator/travel agent or household insurer etc:					
Yes No					
Insurer Name and Address					
Policy/Account No Name of Policy Holder					
Has a claim been submitted to any other party, eg. other insurer, airline or carrier etc: Yes No  If yes, give details and claim reference number					
Documents You Need to Send Us - PLEASE NOTE WE DO NOT REQUIRE YOU TO POST YOUR ORIGINAL DOCUMENTS TO US. Scanned copies sent digitally to us will do, either					

Documents You Need to Send Us - PLEASE NOTE WE DO NOT REQUIRE YOU TO POST YOUR ORIGINAL DOCUMENTS TO US. Scanned copies sent digitally to us will do, either through email or uploaded when claiming on our website. Please keep all original claim forms, receipts and damaged items as evidence, as we may request for further evidence. If you choose to post your documents to us, please register your post to ensure delivery.

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- 2. A police report, if property was lost or stolen other than whilst in the custody of a carrier.
- 3. If the claim is for property lost, stolen or damaged whilst in the custody of a carrier, please forward the report issued by the carrier or their agent, written confirmatio from the carrier that no payment has been issued to you and all used travel tickets and baggage tags.
- 4. For all personal possession claims, please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or other electrical or electronic goods.
- 5. Damage claims only please provide an estimate for repair. If the item is damaged beyond repair we require written confirmatio from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices
- 6. Cash claims only we require pre-loss supporting documentation in the form of Bank or Building Society statements, currency exchange slips etc.
- 7. Baggage delay claims only receipts for necessary purchases of clothing and toiletries and the carriers confirmatio of the incident and the date and time your luggage arrived.
- 8. Loss of passport/travel document claims only receipts for travel, accommodation and communication expenses to obtain a replacement passport or travel document. Please ensure you advise the expiry date of the lost/stolen passport overleaf.



Details of damaged, stolen, destroyed or lost Personal Baggage (continue on a separate sheet at the end of the form if necessary)

Please provide full details of each item claimed for. For cameras give make and model number, lens details etc. For watches give make, model, nature and

Ref	Description	Owner	Where	Date acquired	Purchase method	Purchase price	Office use
	of item	Owner	purchased	Date dequired	(card, cash etc)	r di chase price	only
						Total Claimed	
lease i	ndicate if you took out	t the E2 Additional speci	ified items cover for	the items you have list	ed above	Yes	No
lease i	ndicate whether any o	of the items are specifica	ally insured elsewher	e (if so please indicate	which items)	Yes	No
	-				·		
		estroyed or lost money. In the end of the form if		ps or bank statements s	howing the withdrawal	of the cash claimed mu	ist be provide
Ref	Owner	Travellers Cheques	Total Cash A\$	Foreign Currency	Cash A\$	Foreign Currency	Office use
							only
						Total Claimed	
						Total Claimed	
		ents claims only - detail		curred in obtaining a re	eplacement passport or		
		at the end of the form if	necessary)		eplacement passport or	travel document	Office use
ontinu	e on a separate sheet o			curred in obtaining a re			Office use only
ontinu	e on a separate sheet o	at the end of the form if	necessary)			travel document	
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Ref	e on a separate sheet o	at the end of the form if  Travellers Cheques	necessary)  Total Cash A\$	Foreign Currency		travel document  Foreign Currency	Office use only
aggage	delay claims only (cor	the end of the form if  Travellers Cheques  Travellers Cheques	necessary)  Total Cash A\$  et at the end of the fo	Foreign Currency  orm if necessary)	Cash A\$	Total Claimed	only
Ref aggage	delay claims only (cor	the end of the form if  Travellers Cheques  Travellers Cheques	necessary)  Total Cash A\$  et at the end of the fo	Foreign Currency  orm if necessary)	Cash A\$	Total Claimed	Office use
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aggage	delay claims only (cor	the end of the form if  Travellers Cheques  Travellers Cheques	necessary)  Total Cash A\$  et at the end of the fo	Foreign Currency  orm if necessary)	Cash A\$	Total Claimed	Office use

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS. This means settlement is calculated at the value at time of loss, after deduction for age, wear, tear and depreciation



Bank Details		
should InsureandGo need to reimburse you we require your bank details as follows:		
Name of Account Holder		
BSB	Account number	
Separate sheet to continue any questions nece	ssary	