

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.

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		Home Phone	
		Work Phone	
		Mobile	
State	Postcode	Email	

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

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of legal action.

I/We hereby declare that:

- All information and documents submitted for this claim are true and correct.
- 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.
- 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

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
		/ /	/ /

Cruise Cancellation

Reason for cancellation: *Please select one box only*

Accident
 Poor weather
 Mechanical breakdown
 Transport delay/cancellation

Other

When did you become aware of the need to cancel your holiday:

Date / /
 Time AM
 PM

When did you inform the cruise operator, travel agent or tour operator of the need to cancel your holiday:

Date / /
 Time AM
 PM

If applicable, please give the name of the person who has caused the cancellation and their relationship:

Name
 Relationship

Details of holiday cost and cancellation charges:

Ticket costs	
Pre-booked excursions	
Deduct refunds received or advised	
Total amount claimed	

Names and dates of birth of all those cancelling:

Name	DOB

Have you obtained the taxes back from the travel provider:

Yes
 No

Please detail the reasons for cancellation below, giving details of any third party involved

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.

1. Original evidence to show dates of outward and return travel (booking invoice, travel tickets, itinerary etc.)
2. All original invoices/receipts for expenses incurred.
3. If claim is submitted on behalf of the estate of a deceased insured, we will require certified copies of the death certificate, together with Grant of Probate or Letters of Administration. If the insured passed away due to illness rather than as a result of injury, we may require a medical certificate to be completed by the deceased's usual GP.
4. If this claim is being submitted as a result of injury please provide a full description of the incident leading to the injury. If a third party was involved please provide their details and those of their insurer if available.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.
Important - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Receipt No.' when completing the 'Medical Expenses' section above.

Cruise Delay and/or Missed Port

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

Place of scheduled departure Time of scheduled check-in at the port AM
PM

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

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

Missed port

Reason for missing the port:

Adverse weather Mechanical breakdown

Other

Eventual travel: Date / / Time AM
PM

Have you obtained a written statement from the cruise or relevant authority regarding the delay: Yes No

Please supply any additional information

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Loss, Theft or Damage of Baggage and Personal Effects Before Boarding

 Where and when did the loss, theft or damage occur

Loss, theft or damage discovered:

 Date / / Time ^{AM}/_{PM} Place of Incident (country, resort, town)

Was the incident reported to the:

 Police: Date / / Time ^{AM}/_{PM} Reference number

 Cruise: Date / / Time ^{AM}/_{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

Baggage Delay Claims Only

 Arrival at port: Date / / Time ^{AM}/_{PM} Luggage received: Date / / Time ^{AM}/_{PM}

 How long was your luggage delayed Has compensation been received from the carrier: Yes No
(If yes, please provide documentary evidence of this)

 Cruise Number Cruise Date / / Cruise Reference Number

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Other Insurances

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 (A 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 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 necessary
