

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.

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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	
		<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
1 1	/ /	/ /	
Country		Resort/Town	
It is against the law to submit use of legal action.	t a fraudulent insurance claim. If your cla	im is found to be fraudulent the claim will be dec	lined and Insurers will pursue recovery by the
I/Wa haraby doclara that:			

I/We hereby declare that:

- 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

☐ 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
		/ /	/ /



Golf Equipment Claims							
Please provide details of lost, stolen, damaged or destroyed golf equipment:							
Ref	Description of item	Owner	Place of purchase	Date acquired	Purchase Method	Purchase price	Office use only
-							
$\vdash$							
						Total Claimed	
Golf Hire Claims (if golf equipment was hired due to your own equipment being lost, damage or delayed, please provide details)							
From who	From whom was the equipment hired						
Hired fron	/ /	Hired to	/ /	Cost	Cu	rrency	
Office use	Office use only						
Golf Pack	Colf Dackage Claims (if you lost your golf pack - class fees equipment hire at a place provide details)						

	Class Fees	Equipment Hire	Other
Cost			
Start Date			
End Date			

Date of Loss Number of Days Lost

(if you were unable to play golf due to the course at your pre-booked resort being closed due to adverse weather conditions etc please provide details) AM Course was closed: Date Time Course was reopened: Date Time

PM PM Were expenses incurred or an alternative course available: Yes No If yes, advise cost of transport to an alternative site below

	Ref	Description of expense	Date Incurred	Cost	Currency	Office use only
					Total Claimed	

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 your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)

Please provide details of the circumstances giving rise to this claim

- 2. A police report, if your property was lost or stolen other than whilst in the custody of a carrier.
- 3. If your claim is for property lost, stolen or damaged whilst in the custody of a carrier that no payment has been issued to you and all used travel tickets and baggage tags.
- 4. Damage claims only please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices.
- 5. For all golf equipment claims please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items.
- 6. Golf hire claims receipts for hire expenses incurred, if your claim is a result of a delay by a carrier please provide a copy of their report and their written confirmation of the date and time that you received your equipment.
- 7. Golf pack claims provide written confirmation from the treating physician in resort that you were unfit to play golf and evidence of the pre-paid expenses for which you are claiming eg. receipts etc.
- 8. Golf course closure claims written confirmation from the resort or your tour rep of the circumstances giving rise to the claim and if an alternative site was available receipts for transport expenses incurred in travelling there.

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 Ref.' when completing the sections above.

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Delayed golf equipment claims only					
Arrival in resort: Date / /	,	Time		M M	
Equipment received: Date	/	Time		M	
How long was your equipment delayed:					
Has compensation been received from the lf no compensation received, please state		Yes	No	If so, please provide o	documentation of this
Flight No	Flight Date	/	/	PIR or Airline Ref No	
Loss, Theft or Damage claims only					
Loss, theft, damage discovered: Date	/ /	′	Time	AM PM	
Place of incident (country and resort/town	1)				
Was the incident reported to the:					
Police: Date / /	Time	AM PM			
Carrier: Date / /	Time	AM PM			
Detail below the full circumstances surro			precautions	aken to protect your proper	ty
(continue on separate sheet at the end of t	ine jorni ij nece.	ssury)			
Where were the items at the time of the					
What action(s) did you take to attempt to or hotel etc? Please provide full details an (continue on separate sheet at the end of the provided in the second second second second second second second second second sec	nd a copy of the	eir report if			ority eg your holiday rep, rental car company t information
All Claims					
Do you or anyone else claiming have any travel agent etc.	other insurance	which may	cover this trip	eg. Travel Insurance with y	our bank/credit card account, tour operator/
Yes	No	If yes, ple	ase supply the	following details	
Company/Insurer's name and address					
Policy No					
Has the claim been submitted to any other party (other insurer, airline, carrier etc):  Yes  No  If yes, please give details below					
Company name and address					
Defends as North as					
Reference Number					

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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 neces	ssarv			
Separate sheet to continue any questions herees	, a., y			