

Claimant Details		Claim Reference (if known)		
Title (Mr/Mrs etc)	Surname	Forename(s)	Date of Birth	
			/ /	
lationality		Occupation	, ,	
Medicare Number		Parent/Guardian's Medicare Number (If medical claim is for a minor)		
lome Address		™ Home Phone		
		™ Work Phone		
		™ Mobile		
state	Postcode	⊠ Email		
Policy Details				
olicy Number		Date Issued / /	Number in Party	
ndependent Travel Arrange	ements: Yes No	If no, provide the following *:		
*Travel Agent & Branch		* Tour Operator		
ate of Booking	Departure Date	Return Date	Total Days	
/ /	/ /	/ /		
ountry		Resort/Town		
is against the law to submit se of legal action.	t a fraudulent insurance claim. If you	claim is found to be fraudulent the claim will be declined an	nd Insurers will pursue recovery by the	
We hereby declare that:				
	ents submitted for this claim are true a			
Information on this form wi و evention and could include	ill be used by Europ Assistance Australi passing to other insurers to access my p	a Pty Ltd (InsureandGo Australia) for my insurance which includ revious claims history.	les underwriting, claims handling, fraud	
. We subrogate rights of reco	overy to Europ Assistance Australia Pty	Ltd (InsureandGo Australia) and also consent to them seeking re	eimbursement of any medical expenses	
or medical related claims:		organisation or person having any records or information concer		

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

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

Privacy Statement & Consent

lacksquare 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
		/ /	/ /



Personal Accident, Personal Liab	ility and Legal Expenses		
Type of claim: Personal Accident		Personal Liability	Legal Expenses
Separate sheet to continue any	questions necessary		

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.

Personal Accident Claims

- 1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
- 2. Send us a full account of the circumstances leading to the accident and the injuries sustained, including details of any witnesses or third parties involved in the incident.
- 3. Please provide the details of your regular general practitioner and any specialists from whom you have received treatment and your written confirmation that we may contact them for further information.

Personal Liability Claims

- 1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
- 2. Send us ALL correspondence received from any third party THIS MUST BE UNANSWERED.
- 3. Provide a fully detailed account of the incident below, including damage, injuries and names and addresses of any witnesses or third parties involved. (Continue on a separate sheet if necessary.)

Special Note: Do not under ANY circumstances talk or write to any person regarding the incident, as this WILL invalidate you claim.

Legal Expenses Claims

- 1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
- 2. Provide a fully detailed account of the incident below, including damage, injuries and names and addresses of any witnesses or third parties involved. (Continue on a separate sheet if necessary.)
- 3. Please provide details of your registered medical practitioner and any specialists from whom you have received treatment, together with your written consent to contact them for further information.
- 4. Send us ALL correspondence received from any third party THIS MUST BE UNANSWERED.

Special Note: Do not under ANY circumstances talk or write to any person regarding the incident, as this WILL invalidate you claim.



Third Party Contact Details					
Please provide all third party contact details					
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 sai	me loss)		
Yes No If yes, please sup	ply the following details:				
Company name and address					
Policy No					
•					
Has a claim been submitted to any other company Please provide details	for this incident: Yes	No			
Method of payment for the trip: Cash	Cheque	Credit/Debt Card	Reward points/Airmiles		
If a Credit/ Debt card was used to pay all or some of the trip cost, please state:					
		Card ty	ne .		
Name of card supplie		Card ty	rpe		
		Card ty	rpe		
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		Card ty	rpe		
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Name of card supplie					
Name of card supplie	f insurance: Yes	No If yes, please prov			
All Claims Have you made any previous claims on this type of	f insurance: Yes				
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All Claims Have you made any previous claims on this type of (continue on separate sheet on page 2 of the form in the separate sheet on page 2 of the for	f insurance: Yes	No If yes, please prov			