## Gr Insure&Go

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			
			密 Mobile			
State	Postcode		🖂 Email			
Policy Details						
Policy Number			Date Issued	/ /	Number in Party	
Independent Travel Arrangements: Yes No			If no, provide the following *:			
*Travel Agent & Branch			* Tour Operator			
Date of Booking Departure Date		rture Date	Ret	urn 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:

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

## igsquirin 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
		/ /	/ /

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Rental Details						
Rental company name						
Address						
Phone						
Rental car make (e.g Ford)	Model (e.g Falcon)					
Rental start date / /	Rental return date / /					
Is your rental vehicle in the list of excluded vehicles (see point number 2 in the General Exclusions of this section): Yes If yes, unfortunately you can not make a claim under this section. If no, please proceed						
Did you take out the Collision Damage Waiver (se If no, unfortunately you can not make a claim under	ee point number 3 in the General Exclusions of this section): Yes No ler this section. If yes, please proceed					
Drivers Licence Number	State of issue Expiry / /					
Class (e.g car, truck)	Any restrictions					
Details of Incident						
Enclosed Documents Checklist - SEND ORIGINA	AL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS					
Original Rental Agreement						
Original Receipts and accounts for all expenses incurred						
Original bills and invoices						
Details of any other insurance						
Copy of your driver's licence						
Bank Details						
Should InsureandGo need to reimburse you we re	equire your bank details as follows:					
Name of Account Holder						
BSB	Account number					
Furon	Assistance Australia Pty I td (InsureandGo Australia)	2				