

**PLEASE ANSWER ALL RELEVANT QUESTIONS ON THE CLAIM FORM; LEAVING ITEMS BLANK, USING TICKS, DASHES AND N/A MAY RESULT IN US RETURNING THE CLAIM FORM AND/OR ASKING FURTHER QUESTIONS, THUS DELAYING THE PROCESSING OF YOUR CLAIM.**

### Claimant Details

Claim Reference(if known):

|                      |                                    |                                |  |
|----------------------|------------------------------------|--------------------------------|--|
| Title: (Mr/Mrs etc)  | Surname:                           | Forename(s):                   | Date of Birth:   |
| <input type="text"/> | <input type="text"/>               | <input type="text"/>           | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Nationality:         | Occupation:                        |                                |  |
| <input type="text"/> | <input type="text"/>               |                                |  |
| Medicare Number:     | Parent/Guardian's Medicare Number: |                                |  |
| <input type="text"/> | <input type="text"/>               | (If medical claim for a minor) |  |
| Home Address:        | Home Tel:                          | <input type="text"/>           |  |
| <input type="text"/> | Work Tel:                          | <input type="text"/>           |  |
| State:               | Mobile:                            | <input type="text"/>           |  |
| <input type="text"/> | Email:                             | <input type="text"/>           |  |
| Postcode:            | <input type="text"/>               |                                |  |
| <input type="text"/> |                                    |                                |  |

### Policy Details

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

**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 civil action.**

- I/We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which would affect the Underwriters judgment of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that neither Europ Assistance nor the underwriters will accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I/We understand that the information on this form will be passed to or used by Europ Assistance for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other Insurers.
- I/We subrogate all rights of recovery to Europ Assistance and also consent to them seeking reimbursement of any medical expenses paid by them.  
**For medical related claims:**
- I authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Europ Assistance or their agents. I understand that in executing this authorisation, I waive the right for such information/records to be privileged. 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)**

|                      |                      |  |  |
|----------------------|----------------------|--|--|
| Claimants Name       | Signature            | Date of Birth  | Date   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Claimants Name       | Signature            | Date of Birth  | Date   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- A police report, if property was lost or stolen other than whilst in the custody of a carrier.
- 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 confirmation from the carrier that no payment has been issued to you and all used travel tickets and baggage tags.
- 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.
- 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.
- Cash claims only** – we require pre-loss supporting documentation in the form of Bank or Building Society statements, currency exchange slips etc.
- Baggage delay claims only** - receipts for necessary purchases of clothing and toiletries and the carriers confirmation of the incident and the date and time your luggage arrived.
- 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.

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 detailing the expenses or items for which you're claiming on page 3

**Baggage Delay Claims Only:**

Arrival in resort: Date:  /  /  Time:  Luggage received: Date:  /  /  Time:

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

Flight No:  Flight Date:  /  /  PIR or Airline Ref No:

**Loss, Theft or Damage Claims Only:**

Where and when did the loss, theft or damage occur:

Loss, theft or damage discovered:  
 Date:  /  /  Time:  Place of Incident (country, resort or town) :

Was the incident reported to the:  
 Police (Date, time, ref):  /  /

Carrier e.g. Airline (Date, time, ref):  /  /

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, e.g. 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, e.g. travel insurance with your bank/credit card account, tour operator/travel agent or household insurer etc: Yes  No

Insurer:  Address:

Policy No/Account No:  Name of Policy Holder:

Has a claim been submitted to any other party, e.g. other insurer, airline or carrier etc: Yes  No   
*(If yes, give details and a claim reference number):*

**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.

**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 quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc. Purchase receipts and valuations must be provided wherever possible.

| Ref                  | Description of item | Owner | Where purchased | Date acquired | Purchase method (card, cash etc) | Purchase price | Office use Only |
|----------------------|---------------------|-------|-----------------|---------------|----------------------------------|----------------|-----------------|
|                      |                     |       |                 |               |                                  |                |                 |
|                      |                     |       |                 |               |                                  |                |                 |
|                      |                     |       |                 |               |                                  |                |                 |
|                      |                     |       |                 |               |                                  |                |                 |
|                      |                     |       |                 |               |                                  |                |                 |
|                      |                     |       |                 |               |                                  |                |                 |
| <b>Total Claimed</b> |                     |       |                 |               |                                  |                |                 |

Please indicate whether you have a valuable endorsement for any of the items claimed: Yes  No

Please indicate whether any of the items are specifically insured elsewhere (if so please indicate which items): Yes  No

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

Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided.

| Ref                  | Owner | Travellers Cheques | Total Cash A\$ | Foreign Currency | Cash A\$ | Foreign Currency | Office use Only |
|----------------------|-------|--------------------|----------------|------------------|----------|------------------|-----------------|
|                      |       |                    |                |                  |          |                  |                 |
|                      |       |                    |                |                  |          |                  |                 |
|                      |       |                    |                |                  |          |                  |                 |
|                      |       |                    |                |                  |          |                  |                 |
| <b>Total Claimed</b> |       |                    |                |                  |          |                  |                 |

**Loss of passport/travel documents claims only - detail the expenses you incurred in obtaining a replacement passport or travel document** (continue on a separate sheet at the end of the form if necessary)

| Ref                  | Owner | Description of item | Date | Cost | Currency A\$ | Date of expiry of original passport | Office use Only |
|----------------------|-------|---------------------|------|------|--------------|-------------------------------------|-----------------|
|                      |       |                     |      |      |              |                                     |                 |
|                      |       |                     |      |      |              |                                     |                 |
|                      |       |                     |      |      |              |                                     |                 |
|                      |       |                     |      |      |              |                                     |                 |
| <b>Total Claimed</b> |       |                     |      |      |              |                                     |                 |

**Baggage delay claims only** - (continue on a separate sheet at the end of the form if necessary)

| Ref                  | Owner | Description of item | Date | Cost | Currency A\$ | Office use Only |
|----------------------|-------|---------------------|------|------|--------------|-----------------|
|                      |       |                     |      |      |              |                 |
|                      |       |                     |      |      |              |                 |
|                      |       |                     |      |      |              |                 |
|                      |       |                     |      |      |              |                 |
| <b>Total Claimed</b> |       |                     |      |      |              |                 |

