

Travel Insurance Claim Form

IMPORTANT: Please help us to help you by:

- Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay to your claim.
- Enclosing evidence of the amount/s you are claiming including receipts, invoices, proofs or certificates.
- Ensuring medical authority is completed, if you are claiming medical expenses.
- Enclosing your insurance policy certificate.
- Signing and dating the declaration at the end of this form.

Insurance fraud is a crime, please ensure all information is correct.

1. Policy Information:

Policy No: _____ Claim Number (if known): _____

Policy Type: Comprehensive Business Essentials Loss of Deposits

Name: _____ Date of Birth: ____/____/____

Address: _____

Email Address: _____

Telephone number business hours: _____ Occupation: _____

Name of Travel Agent who arranged your trip: _____

Name of Agent whom you purchased your travel insurance from (if different to above): _____

Do you have any other Insurance that may cover any costs claimed? Yes No

If Yes what is the Insurance Companies Name: _____

Some credit cards provide basic travel insurance cover - please advise if you have credit card/s? Yes No

Did you purchase your travel on your credit card? Yes No

If yes please give details? _____

2. Person Making The Claim (if different from 1 above).

Name: _____ Date of Birth: ____/____/____

Address: _____

e-mail Address: _____

Telephone number business hours: _____ Occupation: _____

3. Details Of Claim

Date of loss, incident, accident or illness: _____ Time of occurrence: _____

Location of loss, incident, accident or illness: _____

Please state full details of what happened: _____

4. Cancellation Or Travel Disruption

Please complete and attach all documents as applicable:

Date of incident: ____ / ____ / ____ Full details of Claim: _____

- Breakdown of cancellation costs from Travel Agent attached: Yes No N/A
- Doctors Report or Certificate attached: Yes No N/A
- Documentation confirming reason for cancellation attached: Yes No N/A
- Receipts/Accounts for expenses attached: Yes No N/A
- Proof of delay from airline attached: Yes No N/A

Additional expenses incurred if any	Amount	Currency
a _____	\$ _____	_____
b _____	\$ _____	_____
c _____	\$ _____	_____

5. Medical Expenses

Please complete and forward all original receipts/documents:

Date of Injury/Illness: _____ Country Injury/Illness occurred: _____

Full circumstances of injury/illness: _____

When did the symptoms first appear?: ____ / ____ / ____

Have you suffered this illness previously? Yes No

If Yes, please give details: _____

If you have applied for pre-existing medical cover from our Medical Hotline please provide your reference number: _____

Details of Medical Expenses	Amount	Currency
a _____	_____	_____
b _____	_____	_____
c _____	_____	_____

- Have you paid this expense?
- Yes No
 - Yes No
 - Yes No

Medical Authority - to be completed in ALL medical claims

I hereby give permission to Comprehensive Travel Insurance to obtain any information that they may require relative to the illness/accident stated above.

Signature: _____ Date: ____ / ____ / ____

Please advise the name and address of your usual doctor:

Name and Address: _____

Please note the doctor should be informed that they may be required to fill in, free of expense to the company, a certificate sent by our office.

6. Baggage

Please attach a Police report, proof of ownership, written replacement quotes, foreign exchange receipts etc as applicable

Date of loss/damage/theft: _____ / _____ / _____ Time: _____ Country: _____

Please explain what happened: _____

a) Has the loss/theft been reported to the Police? Yes No

If yes, please provide a Police acknowledgment form

Date reported: _____ Police Station: _____

Police file number: _____

Was a list of items given to the Police (Please note we may request a copy of this from the Police) Yes No

b) Airline/Shipping/Bus Co etc reported (if applicable): _____ Yes No

If yes, please provide a copy of the loss property form.

If no report obtained, please explain why: _____

b) Details of other steps taken to minimise loss: _____

c) Have you claimed for this loss from any other source or company? Yes No

If yes - Name and address of company: _____

Amount of compensation received: \$ _____

Baggage Please complete each column

Description of property lost/damaged/stolen. (Use separate sheet of paper if list is large)

Description of property	Where item purchased	Date Purchased	Purchase Price	Replacement Cost	Item Replaced? (Please attach receipt)	Proof of Ownership Attached
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	/ /	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

7. Money

Amount Claimed: _____ Currency: _____ Proof of Ownership attached: _____ Yes No

Details of Claim: _____
