

travel
insurance

travel

claim report



Please retain this page for your information

IMPORTANT

Please read this before completing the report.

Please read the claim report in full before completing the details.

- ◆ An excess may apply to the claim you are making. You should read your policy to find out if one applies.
- ◆ Please answer all the questions that apply to your loss and make sure that you have signed the report before sending it. This will help us process your application quickly.
- ◆ There is a 'check list' at the end of this report. Please use it to make sure you have given us all the information we require to review your application.
- ◆ If you have any questions about your claim, please contact your local CGU office:

NEW SOUTH WALES

Level 2 10 Spring Street Sydney NSW 2000

GPO Box 244 Sydney NSW 2001

DX 10150 55E

Tel. (02) 8224 4337

Toll free 1800 112 449

Claims Fax (02) 8224 4010

HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
 - our decision on your claim,
 - our handling of your claim,
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager, for immediate attention.
4. If this fails to resolve your problem, you may request that the problem be referred to a Dispute Resolution Officer. This Officer will investigate the dispute and try to reach a satisfactory outcome with you, normally within 21 days of the date you requested the service of a Dispute Resolution Officer.
5. If you do not accept our decision, you may take the problem to the **General Insurance Claims Review Panel**, for an independent investigation. The Panel can assist with private consumer and some small business type claims.

The telephone number for the Claims Review Panel is **1300 363 683**.

More detailed information about this process is available from your local CGU Insurance office.

Travel Insurance Claim Report

The insured (please use block letters)

Surname (Mr, Mrs, Ms, Miss, Dr.)

Given name(s)

OFFICE USE ONLY

Claim no.

Are you registered for GST purposes?

No

Yes

What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No

Yes

Is the amount claimed or to be claimed less than 100% of the GST applicable to the premium?

No

Yes

Specify the percentage amount claimed or to be claimed

 %

Address

Postcode

Private telephone no.

Business telephone no.

Date of birth

Occupation

Policy or Certificate no.

Date holiday deposit paid

THIS SECTION MUST BE COMPLETED: Circumstances of claim

Date of loss, accident, illness or cancellation.

Time

a.m.

p.m.

Please describe how the loss occurred. Include details of the loss, accident, illness or reason for cancellation. (If insufficient space, please attach statement.)

Are you entitled to claim under any other policy of insurance or private health fund?

No

Yes

Give name and address

Have you made any previous claims for Travel Insurance?

No

Yes

Give details

Luggage and travel documents details

Please give the exact place where the loss or theft happened

What did you do to recover the lost or stolen items?

If your luggage was lost during a flight or by an airline, please give the name of the airline and the person you contacted

Name of airline and contact name

Telephone no.

 ()

If you reported your loss or theft to someone in authority, please give details (e.g. police)

Reference no.

Name of station and contact name

Telephone no./Fax no.

 ()

Address

Postcode

Give details of Household Contents Insurance

Policy no.

Company

**PLEASE NOTE THAT DEPRECIATION AND AN EXCESS MAY APPLY TO YOUR CLAIM
PLEASE ALSO NOTE THAT PROOF OF OWNERSHIP IS REQUIRED**

Only complete this column if the items being claimed for are used in connection with your GST registered business.

Full description of the article(s) claimed	Name and address where purchased	Date of purchase	Input tax credit you can claim on the purchase of these items as a % of the total GST payable.	Original purchase price \$	Replacement/repair cost \$

Additional expenses, travel delay, missed connection, rental vehicle excess, cash in hospital, loss of income

Details of expenses incurred (if insufficient room please attach list)	Date expenses incurred	Amount claimed (currency)	Type of service

Place and country of circumstances of claim

If your travel was delayed by your transport provider did they provide you with alternate accommodation/meals?

No Yes

Resumption of journey, interruption, curtailment and cancellation

Details of expenses incurred (if insufficient room please attach list)	Date expenses incurred	Amount claimed (currency)	Type of service

Was the resumption of journey, interruption and curtailment or cancellation due to your travelling companions or your illness?

No Yes Please have the Medical Certificate on page 7 completed.

Was the resumption of journey, interruption, delay or cancellation due to the death, injury or illness of a relative or a business partner?

No Yes 1. Please have the Medical Certificate on page 7 completed.

2. Name of person

Date of birth

Relationship

 / /

3. If it was a death, please supply a full death certificate with the medical certificate.

If you are claiming for cancellation please tell us:

Date of cancellation

Date your journey was booked

 / /
 / /

MEDICAL CERTIFICATE

The following Medical Certificate must be completed by the usual doctor or dentist of the sick or injured person. This applies where cancellation of the journey is a result of your doctor's recommendation or there has been an early return or request for the resumption of journey following the death, injury or illness of a relative or business partner.

If the claim is as a result of illness the report must be from a doctor who has treated the person for at least 12 months.

1. Name of person to whom this certificate applies (i.e. the person whose accident, illness or death caused the cancellation of the holiday)

2. Age Date of birth

 / /

3. Are you the person's usual medical practitioner?

No Yes If so, for how long?

4. Please provide details of the accident or illness.

5. When did the accident happen or the illness commence? / /

6. a) When were you first consulted for the condition described in question 4? / /

b) In your opinion how long had that condition been present before you were consulted?

7. a) What treatment, if any, has the person previously received for that condition or any related condition?

b) When did the person receive the treatment?

8. Is the person suffering from any chronic disease or illness or does the person have any other physical defect or disability?

No Yes If so please provide details

9. Are you prepared to certify that, solely due to the condition described in question 4, the claimant(s) is/are compelled to cancel their holiday arrangements?

Give details

No

Yes

- 10.a) At the time the person sought treatment for the condition in question 4, was it life threatening? No Yes

b) Did it become life threatening at any time and, if so, when? No Yes Date / /

11. Is the condition in question 4 directly or indirectly related to, or caused by, any other pre-existing condition/s?

No Yes

Declaration - medical practitioner

The medical practitioner is respectfully requested to give as much detail as possible in order to assist the claimant and avoid the necessity of additional enquiries. I certify that the foregoing statements are correct.

Signed

Please print name

Date

 / /

Address

Postcode

Qualification

Declaration - insured

Medical Authority - I hereby authorise any hospital, physician or other person who has attended or examined me, to give CGU INSURANCE, or its representative, any, and all information in respect of treatment given for:

Name A photocopy of the authorisation shall be considered as effective and valid as the original.

Signature of applicant Date

Doctor's name Doctor's address

This authorisation is valid for a period of three months from the date of my signature.

Declaration

I declare that to the best of my knowledge and belief, the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of insured Date

Signature of second insured (if your are unrelated and have a Partners Plan and both partners are claiming) Date

Please indicate the number of additional pages attached to this claim report

When complete please forward the report to the CGU Claims department (see page 2).

CHECKLIST

Please complete the following checklist to make sure you have provided us with all the information we require to process your claim quickly.

To be completed on every claim report form:

- Insured and policy details (attach a copy of your insurance certificate).
- Circumstances of the claim (page 3).
- Signed declaration.

Cancellation, resumption of journey, interruption and curtailment:

- Complete the bottom half of page 5.
- Attach the original tour operators and airline notice of refund and your receipts for payment of the original tour.
- If your loss was related to a medical condition have the Medical Certificate on page 7 completed.

Medical expenses:

- Complete page 6.
- Have the Medical Certificate on page 7 completed by your usual doctor.
- Sign the Medical Authority on page 8.
- Supply original accounts and receipts as soon as they are available including any refunds from your local health fund.

Additional Expenses, travel delay, missed connection, rental vehicle excess, cash in hospital, loss of income:

- Complete the top of page 5.
- Attach original accounts, receipts, and original itinerary.
- For loss of income, provide a letter from your employer advising the date you were due to return to work and your average net income.
- For hire car excess claims, provide your original car rental agreement.

Luggage and travel documents:

- Complete page 4.
- Supply original reports from the police, airline, hotel or tour guide stating that the loss was reported.
- Supply proof of ownership of any goods lost or destroyed (Original receipts, credit cards, guarantees, valuations, certificates or photographs).
- Supply original repair or replacement quotes.