

Travel Claims Form



Section 1 - Your Personal Details

Name: _____ Date Of Birth: _____

Policy No. _____

Email Address: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Tel No. _____ Mobile No. _____

Travel Dates: _____ to _____ Date Of Incident: _____

Location Of Incident: _____

If your claim is approved and where a cash settlement applies, we will deposit your settlement directly into your nominated bank account.

BSB: _____ Account Number _____

Name of Bank _____ Name Of Account _____

Section 2 - How Did You Pay For Your Trip?

Did You Use A Credit Card To Purchase Any Of Your Original Travel Arrangements Prior To Departure? ☐ Yes ☐ No

If Yes, What Level Is The Credit Card? ☐ Gold ☐ Platinum ☐ Diamond ☐ Other _____

Complete Name On The Credit Card: _____

Name Of The Financial Institute: _____

Claim Declaration

I declare that the above information provided by me is true and correct to the best of my knowledge.

Name: _____

Date: _____

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Section 3 – What Are You Claiming For?

A) Medical

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary.
- ✓ Receipts and proof of payment for the medical expenses you have incurred.
- ✓ A medical report from your treating medical officer in the country where you incurred the expense. This will need to include your diagnosis, treatment plan and any fit to travel notations.
- ✓ Your discharge summary if you were hospitalised.

Your Medical Summary

Please Describe The Nature Of Your Injury/Illness: _____

Have You Ever Suffered From The Same Medical Condition Before? ☐ Yes ☐ No

Did You Contact Our Emergency Assistance Team? ☐ Yes ☐ No

Name Of Overseas Doctor: _____ Name Of Medical Practice: _____

Hospital Attended: _____

Dates In Hospital - Admitted: _____

Discharged: _____

Medical Expenses

Name Of Patient	Name Of Hospital/ Practice	Date Of Expense	Currency	Amount
				_____.
				_____.
				_____.
				_____.

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B) Cancellations Charges/Loss Of Deposit Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Your original itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice/statement of accounts showing the total cost of your travel arrangements.
- ✓ Your proof of payment for your travel arrangements.
- ✓ The refund advice from individual travel providers relating to your trip.
- ✓ Proof supporting the reason for cancellation.

Your Claim Summary

When Did You Book Your Trip? _____

How Did You Book It? (Travel Agent, Online, Group Booking) _____

Intended Departure Date: _____

Date Of Cancellation: _____

Why Was Your Trip Cancelled:

Cancellation Or Lost Deposit Expenses

Date Purchased	Description	Amount Paid	Any Refund Recieved	Amount Claimed
				____.____ AUD
				____.____ AUD
				____.____ AUD
				____.____ AUD

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C) Additional Expenses Claim

As well as completing the following information, please also enclose the following documents:

- ✓ Original and amended flight itinerary including the terms and conditions/fare rules for the booking.
- ✓ A tax invoice showing the total cost of your travel and/or accommodation arrangements.
- ✓ Receipts/proof of payment for the additional expenses claimed.
- ✓ Refund advice for your original arrangements that were unused due to your delay.

Expense Claim Summary

Details Of The Incident: _____

Unexpected Expenses Summary

Date Of Expense	Description	Currency	Amount
			_____.
			_____.
			_____.
			_____.

D) Luggage and Personal Effects Claim

- ✓ Your original itinerary.
- ✓ Proof of Ownership for the items that were lost, stolen or damaged (e.g. Receipts/Bank Statements).
- ✓ Proof of Loss (i.e. Police report, report to hotel, airline etc.).
- ✓ If the item is damaged, a repair quote from a reputable provider.

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Luggage & Personal Effects Summary

How Did The Loss, Damage Or Theft Occur? _____

Date Loss/Damaged Occured: _____ Date Reported: _____

Do You Hold Any Other Insurance Cover For The Item/s Listed (eg. contents insurance)? ☐ Yes ☐ No

Details Of This Insurance: _____

The Event Was Reported To? (Police, Airline or another Authority): _____

Luggage & Personal Effects Expenses

Description	Original Date Of Purchase	Date Of Loss	Amount Claimed
			\$ _____.
			\$ _____.
			\$ _____.
			\$ _____.

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Section 4 – Other Claimable Events

This section relates to an event not included in section 3 of this form.

Please Provide A Brief Description Of The Circumstances Relating To This Claim:

Where Appropriate Please Attach Any Additional Documentation To Support Your Claim.

Date Of Expense	Description	Currency	Amount
			<div></div>
			<div></div>
			<div></div>
			<div></div>

How To Send The Claims Form To Us.

Please return the completed claim form with the necessary supporting documentation to us by email:

info@travelclaimscentre.com

Alternatively, if you are posting us any original documents please make sure you register the parcel and have backup copies.

Travel Claims Centre
PO BOX 6798
Baulkham Hills
NSW 2153