

Claim Number:

Office use only

Travel Claim Form

Email Address travelclaims@woolworthsinsurance.com.au
Phone Number 1300 10 1234
Postal Address Woolworths Travel Insurance Claims
 Locked Bag 2010
 St Leonards, NSW 1590

Important:

1. Please answer all relevant questions.
2. Provide the requested documents listed to support your Claim. If you don't have supporting documents or do not supply them, this may result in processing delays.
3. **Keep a copy** of your completed Claim Form and supporting documents before sending it to us, especially if you are posting it.

Section 1 – Your Details

Title: First Name(s): Surname:

Date of Birth: / / Occupation:

Address: State: Postcode:

Mobile: Home Phone: Work Phone:

Email:

Policy Number: Date I booked my Journey: / /

Date I was originally scheduled to depart on my Journey: / /

Date I was originally scheduled to return home: / /

Planned destination(s) (City/Country):

Total amount of pre-paid travel expenses: \$ AUD

Reason for Journey: Holiday Visiting Family or Friends Business

Do you have any other insurance that would cover all or part of your loss? (e.g. Home Contents Insurance, Private Health Fund, Credit Card) Yes (If 'Yes', provide details) No

Third Party Authority

Complete the section below if you'd like to give permission for a Third Party to manage this Claim on your behalf.

Title: First Name(s): Surname:

Date of Birth: / / Relationship to you:

Address: State: Postcode:

Mobile: Home Phone: Work Phone:

Email:

Section 2 – Declaration

I/We

- declare that all information provided and documents submitted are true and correct.
- understand and acknowledge that providing false or misleading information on an insurance Claim is a criminal offence under Australian Law and can lead to prosecution.
- authorise any person or organisation to provide Hollard or its representative with any information that they may request in relation to this Claim.
- understand that if the information provided is inaccurate or incorrect my Claim may be refused.
- acknowledge that my personal information may be disclosed to, and obtained from, certain other parties including the Insurance Reference Database, other insurers and government agencies.

Claimant Name: Claimant Date of Birth: / /

Signature of Claimant: Date: / /

Your personal information is handled in accordance with our Privacy Policy available at insurance.woolworths.com.au/Policies/PrivacyStatement. Where required by law, your personal information may be disclosed to third parties, including related companies, advisers, people involved in Claims, our agents and service providers. If you do not provide us with the information, we may not be able to process your Claim.

Section 3 – Payment Details

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

Please note

- We cannot deposit into a credit card account.
- If we are required to make a payment on your behalf, no payment will be made until we receive payment from you of any applicable excess.

Name of Bank: Branch:

Account Name:

BSB Number: - Account Number:

GST information – applicable if your policy was purchased for a business

Are you registered for GST purposes? Yes No What is your Australian Business Number (ABN)?

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this Claim is being made? Yes No

What percentage of GST did you claim or are entitled to Claim? %

Section 4 – What Happened?

Country: City:

Incident reported to: Date of event: / / Time of event:

Describe the event(s) which caused you to make a Claim:

What is the total amount you are claiming? \$ AUD

Is your Claim due to someone's injury or sickness? Yes (If 'Yes' complete below) No

Title: First Name(s): Surname:

Date of Birth: / / Relationship to you:

When did you first become aware of their injury or sickness? / / Has this injury or sickness occurred before? Yes No

Please tell us details of the medical condition and the date of diagnosis:

Please note that for all claims due to medical reason, we may need the usual Doctor of the person suffering the sickness and/or injuries to complete Section 11 Medical Certificate Form and Section 12 Medical Authority Form.

Section 5 – Cancellation/Additional Expenses or Travel Delay

If your trip is cancelled, shortened or delayed outside your control.

Cancellation Expenses:

1. Travel Agent or Travel Provider (airline, hotel, cruise liner, tour company etc.) cancellation, delay and/or amendment confirmation including details of refunds, cancellation fees, credits or compensation offered.
2. A copy of your travel itinerary and flight booking showing dates, amounts paid and any frequent flyer points used/refunded.
3. If your Journey was cancelled, delayed or rescheduled due to medical reasons please provide:
 - Medical certificate from your treating Doctor or Specialist with details of the medical reason that meant you needed to cancel or delay your Journey
 - Copy of Death Certificate if applicable.
4. If your Journey was cancelled, delayed or amended due to someone's injury or sickness, please have that person (or executor) complete the Section 12 Medical Authority Form and their usual treating Doctor or Specialist complete the Section 11 Medical Certificate Form.
5. If cancellation, delay or amendment was due to your Transport Provider (airline, hotel, cruise liner, tour company etc.) please provide written confirmation from them including the reason for the cancellation, delay or rescheduling and details of any refunds, credits or compensation offered.
6. If your Journey was cancelled or delayed due to a weather event, please provide a letter from your Travel Provider (airline, hotel, cruise liner, tour company etc.) confirming the reason for cancellation, delay or rescheduling including details of refunds, cancellation fees, credits or compensation offered.
7. A copy of your amended itinerary or booking details.
8. If claiming for additional travel expenses for Special Events, confirmation of the special event you were attending.
9. If your Journey was cancelled, delayed or rescheduled due to any other reason please provide any relevant supporting documents.
10. If your Journey was cancelled due to redundancy please provide a letter from your previous employer confirming redundancy and the date you were advised of your redundancy.

Additional Expenses:

Please provide where applicable any of the above 1-10 and any of the below (11-13).

11. If due to injury or sickness, a Medical Certificate from the treating Doctor including details of the medical diagnosis or injury and confirmation that you were unfit to travel.
12. Invoices, receipts for additional Accommodation/Travel Expenses.
13. Police report for lost or stolen Passport or travel documents.

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Did you cancel or amend your Journey? Yes No Date cancellation or amendment made: / /

Reason for cancellation/amendment:

- Medical reasons (sickness or injury) – Complete Section 11 Medical Certificate Form and Section 12 Medical Authority Form.
- Medical authority – Complete Section 11 Medical Certificate Form and Section 12 Medical Authority Form.
- Travel Provider (airline, hotel, cruise liner, tour company etc.)
- Weather event
- Redundancy
- Other (Please describe):

Cancellation Table:

Date cancelled	Cancelled Booking description	Supplier	A. Amount Pre-paid	Currency	B. Refund/ Compensation received	Currency	A minus B Claimed Amount	Currency
e.g. 8/12/2017	e.g. Flight to Paris	e.g. British Airways	e.g. 100	e.g. Euro	e.g. 50	e.g. Euro	e.g. 50	e.g. Euro

Additional Table:

Date of Additional Expense	Description	Supplier	Amount Paid	Currency	Detail of Original Plan	Date of Original Plan	Original Expense	Currency
e.g. 8/12/2017	e.g. Train to London	e.g. Eurostar	e.g. 100	e.g. Euro	e.g. Flight Paris	e.g. 8/12/2017	e.g. 50	e.g. Euro

Delayed Travel

What was the reason for your delay?

When were you due to depart? Date: / / Time:

When did you actually depart? Date: / / Time:

Total length of delay: Days: Hours:

Did you receive any compensation from your Travel Provider?
i.e. airline, hotel, cruise liner, tour company etc. Yes No

If 'Yes', what is the amount of compensation (including currency):

Date of Expense	Description of Expenses incurred due to delay	Amount	Currency	Amount Refunded from Originally Planned Expense	Amount Claimed
e.g. 8/12/2017	e.g. Meals	e.g. 100	e.g. Euro	e.g. 100 Euro	e.g. 50 Euro

Section 6 – Damaged Lost or Stolen or Luggage, Travel Documents or Cash

Luggage includes your bags, clothes, devices and other personal belongings.

To assist with your Claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation:
 1. Police report or written report from a relevant authority or Travel Provider (airline, hotel, cruise liner, tour company etc.).
 2. Damage or Repair report.
 3. Quote for repair or replacement.
 4. Purchase receipt or other Evidence of Ownership for each item claimed.
 5. For all losses or delays caused by your Transport Provider, a 'Property Irregularity Report' from the Transport Provider.
 6. Written evidence from the Transport Provider confirming the days and hours your luggage was delayed and the time that it was returned to you.
 7. Receipts for essential clothing and toiletries purchased.
 8. For Cash claims, Bank or Credit Card statements or ATM or Currency Conversion receipts showing withdrawal of funds.
 9. For mobile phone Claims please block the IMEI letter with your network provider.

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

If your luggage was lost, stolen or damaged please tell us:

1. How did it happen?

2. Where you were in relation to the item at the time of loss, theft or damage?

3. Provide any additional information you may have to add to assist with your Claim.

Are you claiming for: Loss Theft Damage Delay

Who did you report this to? Police Airline Hotel Management

Tour Guide Cruise Ship Other (Please describe)

Report Reference Number:

If you are claiming for a hearing aid, is the item claimable against your private Health Fund? Yes (If 'Yes', how much was paid?) \$ AUD
 No

Delayed Luggage

Name of Transport Provider (airline, cruise liner, bus etc.):

When was your luggage delayed? Date: / / When was your luggage returned? Date: / /

Were you paid any compensation for this delay? Yes (If 'Yes', specify amount) \$ AUD
 No

Have you made a claim with your Travel Provider (airline, hotel, cruise liner, tour company etc.) or any other company responsible for the loss, theft, damage or delay of your luggage? Yes, (If 'Yes' which company was responsible?)
 No

Are the luggage or personal items(s) lost, stolen damaged or delayed owned by you? Yes
 No, (If 'No' specify who is on policy)

Please include any additional information you may have to add to your previous description of what happened.

Name of Person Driving the car: Driver's Date of Birth: / /

Rental Vehicle Excess amount: \$ AUD Actual repair amount: \$ AUD

Amount claimed:

Was there another party at fault? Yes (If 'Yes', please complete the below details for the party at fault) No

Full Name:

Address:

Phone Number:

Email:

Insurance details (if known):

Section 8 – Loss of Income

If you are completely unable to work on your return to Australia due to an injury sustained during your Journey.

To assist with your claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation:
 1. A medical certificate from your treating doctor at the time of injury confirming diagnosis and the disablement.
 2. A medical certificate from your usual Doctor confirming the diagnosis and ongoing nature of your disablement including period unable to return to work.
 3. A letter from your employer stating the date you were due to return to work.
 4. Written evidence of your lost income (last two payslips prior to injury, tax return from last financial year etc.).

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Planned return to work date: / / Actual return to work date: / / Income Loss: \$ AUD

Section 9 – Overseas Emergency or Dental

Overseas emergency includes Hospital, medical, surgical, nursing ambulance and emergency expenses.

To assist with your Claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation:
 1. A copy of your Overseas Hospital Admission and Discharge paperwork.
 2. Medical Certificate from your treating Doctor or Specialist with details of the medical condition and travel recommendations.
 3. Itemised invoices for medical and/or dental expenses claimed – including details of the medical condition.
 4. Receipts for pharmacy expenses (copies of prescriptions where possible).
 5. If your claim is due to a Pre-existing Medical Condition please have your usual treating Doctor or Specialist complete the Section 11 Medical Certificate Form.
 6. Complete and sign the Section 12 Medical Authority Form.

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Patient's Name:

Patient's Date of Birth: / /

Relationship to you:

Medicare Number:

What was the injury or sickness?

If this was an injury, did this occur whilst engaging in Snow Sport activity? Yes No

Was the injured/ill traveller an inpatient? Yes No

Date of Admission: / /

Time of Admission:

Date of Discharge: / /

Time of Discharge:

Name of the overseas medical practitioner, Dentist and/or hospital you visited:

Did you contact Emergency Assistance? Yes No Assistance Reference Number:

Date of first medical or dental consultation: / /

Has the injured or ill traveller previously suffered from the medical or dental condition which led to this Claim? Yes No

If 'Yes', please give details:

We may need the injured/ill person to complete Section 12 Medical Authority Form and their usual GP/Specialist to complete Section 11.

Date of Treatment	Name of Doctor/ Dentist/ Pharmacy/ Hospital or Provider	Treatment received	Amount Charged	Currency	Paid	Refund amount from Health Fund	Amount Claimed
e.g. 8/12/2017	e.g. Dr John Smith	e.g. xray	e.g. 100	e.g. Euro	Yes or No	e.g. 50 AUD	e.g. 100 Euro

At any point before you purchased your policy and before your departure, were you or the person whose health condition caused this Claim:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Aware of any medical conditions which could reasonably be expected to give rise to a Claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Under investigation for an ongoing medical condition by a GP or Specialist? (including undergoing tests whether or not a diagnosis had been made) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have any medical condition or complication directly or indirectly related to the medical condition giving rise to this Claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Been given a terminal prognosis for their medical condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Travelling against the advice of a medical practitioner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 10 – Other

To assist with your Claim:

- We may need the below documents, please provide those that are applicable.
- We may contact you to request further documentation:
 1. Copy of your travel itinerary.
 2. Copy of relevant receipt(s)/invoices for expenses being claimed.
 3. Any other relevant supporting documents.

If you cannot provide any of the above documents, please provide an explanation why you are unable to.

Which policy benefit do you believe is most applicable to your Claim?

Date of Expense	Description of Expense	Amount	Currency	Amount Claimed	Currency	Supporting Documents Attached?
e.g. 8/12/2017		e.g. 100	e.g. Euro	e.g. 100	e.g. Euro	Yes or No