

Section 11: Woolworths Travel Claims Medical Certificate

Please return completed form to Woolworths Travel Claims and include the claim number in email subject line.

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

Complete this form if your Claim is due to an accident, illness, disability or death.
 The form must be completed by the patient whose illness or injury resulted in this Claim or Executor of the Estate in the event of a death.

This Medical Certificate is to be completed:

- at the Claimant's expense
- by the Patient's usual Doctor or Dentist in Australia
- for all cases of medical, dental, unexpected expense and cancellation claims resulting from an accident, illness, disability or death.

The medical practitioner is respectfully requested to give as much detail as possible in order for us to assist our insured and avoid the necessity of additional enquiries.

Claim Number:

Claimant's Name:

1. Patient's Name: Patient's Date of Birth: / /

2. Are you the Patient's usual GP? Yes No

2A. If 'Yes', how many years/months? 2B. If 'No', please give details of the Patient's usual GP:

3. What is the precise diagnosis of the injury or illness that led to this Claim?

4. Date of onset of injury or illness: / / 5. Date you were first consulted for this injury or illness: / /

5A. What test(s) were prescribed?

5B. Date test(s) prescribed: / / 5C. Date test(s) performed: / /

5D. Date results advised to Patient: / /

6. Was the Patient under the care of any other Doctors, including Specialists? Yes No

6A. If 'Yes', please provide the details of the other treating Doctors:

6B. Name of Specialist/ Surgeon:

6C. Date first referred to a Specialist: / / 6D. Phone number of Specialist/ Surgeon:

6E. Email of Specialist/ Surgeon:

6F. Postal address of Specialist/ Surgeon:

7. Have you previously treated or advised this Patient in respect of the same illness or injury as described in Question 3? Yes No

7A. If 'Yes', please provide details below:

7B. If 'Yes' to '7' was this illness/injury the same or a similar/related injury? Yes No

7C. If 'Yes' to '7', please state when you last treated the Patient, prior to the occurrence giving rise to this Claim, and give details of the treatment and/or medication prescribed:

7D. If 'Yes', was the Patient advised to continue this treatment and/or medication:

Until departure on the Journey Yes No

Whilst on the Journey? Yes No

8. Did the Patient travel against your advice? Yes No

9. Are you prepared to certify that the Claimant(s) were required to cancel their travel arrangements solely due to the condition described in Question 3? Yes No

10. Please attach your consultation notes relevant to this condition described in Question 3.

I certify that the Statements contained in this medical certificate are true and correct.

Doctor's Name:

Doctor's Signature: Date: / /

Qualification:

Phone: Fax:

Email:

Address:

Suburb: State: Postcode:

Privacy Statement

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.