

# 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: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Bank \_\_\_\_\_ Name Of Account \_\_\_\_\_

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## 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: \_\_\_\_\_

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### 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 Received	Amount Claimed
				\$ _____.
				\$ _____.
				\$ _____.
				\$ _____.

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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.

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## Expense Claim Summary

Details Of The Incident: \_\_\_\_\_

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## 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
			\$ _____.
			\$ _____.
			\$ _____.
			\$ _____.

## How To Send The Claims Form To Us.

Please return the completed claim form with the necessary supporting documentation.

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

Travel Claims Centre  
PO BOX 386  
ARCHERFIELD BUSINESS CENTRE  
QLD 4108

or  
info@travelclaimscentre.com.au