

Travel Insurance Claim Form



Global Assistance

IMPORTANT: Please read this before you start

- Please read this checklist carefully and complete ALL steps outlined on this form, including the Declaration. Please post, email or fax your completed claim form and supporting documentation to the details outlined in section A, step 7 OR submit your claim online at www.travelclaims.com.au
- Please remember if you have any other insurer (home and contents or travel) you must claim through the other insurer first. Please retain a copy of ALL documents for your record and submit them through with your claim.
- Documents in a foreign language are required to be translated at your own expense.
- Please refer to the Required Documentation that you will need to provide to support your claim. As each claim is unique, further information may be requested by us.
- Please note, if you do not submit all of the required documentation for your claim initially, your claim will not be processed

Claims Checklist – What do you need to make a claim?

For all Claims the following documents must be submitted along with this completed claim form (✓ mark as provided)

	Certificate of Insurance
	Written confirmation from other insurance providers outlining and compensation offered for your claim through them. Including but not limited to airlines, accommodation providers, credit card insurance and home and contents providers.
	Proof of payment for your journey, including the credit card statement page showing the transaction of your original prepaid travel arrangements/flights, departing from Australia, tax invoices or vouchers from your travel agent or other providers showing the total cost of your journey.
	A copy of the original travel itinerary for your Journey
	Claims will be converted into Australian dollars using the currency rate applicable at the date and time your expenses were incurred. If you used a credit/debit card to pay for your expenses please submit these through with your claim so we can use the rates shown on your card statement.
	The declaration form (section M) to be signed and witnessed
	If someone's state of health has caused your claim please complete the Allianz Global Assistance (AGA) Medical certificate attached to this claim form and supply any further supporting documents, ie Hospital discharge summaries, specialist letters, death certificate. The AGA medical certificate must be completed by the usual treating General Practitioner of person whose state of health caused the claim. Please note; if you are unable to provide this to us we may have to request additional medical documentation which can delay the processing of your claim.

How can we help?

AGA Assistance Australia Pty Ltd
ABN 52 097 227 177
Trading as Allianz Global Assistance
74 High Street Toowong QLD 4066
PO Box 162 Toowong QLD 4066

Travel Insurance Claim Form



Section A: All claims

Step 1: Details of your other insurance

Please remember if you have any other insurer (home and contents or travel) you must claim through the other insurer first.

a) Have you lodged, or do you intend to lodge a claim for this incident elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Have you received compensation from any other party in relation to this event? If yes, Please provide full details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Do you have home contents or building insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of insurer _____		
State _____ Postcode _____		
Policy Number _____		
d) Did you have any other travel insurance for this journey?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of insurer _____		
State _____ Postcode _____		
Policy Number _____		
e) Did you use any other credit/debit card to purchase your travel (e.g. flights, accommodation, tours)?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes, please provide the following details;		
Name on card _____		Financial institution _____
Card type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/>
Card level:	Gold <input type="checkbox"/>	Platinum <input type="checkbox"/> Other <input type="text"/>

Step 2: Claimant details

Title (Dr./ Mr./Mrs./Miss/Ms.)	Given Name/s:	Family Name (Surname):
Policy Number:	Date of Birth:	
Postal address		
Street number and name:		
Suburb:	State:	Postcode:
Home Phone:	Mobile:	
Email Address:	Occupation:	

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Section A: All claims

Step 3: Details of travel arrangements for this journey	
Please remember to attach travel itinerary and tax invoice from your travel agent and corresponding credit card statement	
Date of Booking Travel Arrangements:	Date your journey was cancelled (if applicable):
Date of planned Departure:	Date of planned Return:
Date of Rescheduled Departure (if applicable):	Date of Rescheduled Return (if applicable):

Step 4: Details of Event	
Date of incident:	Time of Incident: am/pm
Country and location:	Reported to:
a) Description of event giving rise to this claim:	
b) If your claim is due to someone's state of health, please provide details of this person: Given Name/s: _____ Family Name (Surname): _____ Date of Birth: _____ Relationship to you: _____	
c) Was there a third party responsible for causing or contributing to the loss? If so, can you provide their name and contact information and third insurance company name and policy number? Yes/No	
d) Were there any witnesses to the event? If yes please provide name and contact details. Yes/No	
e) Have you commenced or are seeking to commence and legal actions against third parties? If yes, please provide the name and contact details of your solicitor. Yes/No	

Step 5: Authorisation
If you wish to give authority for another person to act on your behalf in respect to this claim you must complete the following details. Otherwise we will not be able to give any information about your claim to any other person.
I/We Authorise (Mr./Mrs./Miss/Ms.) _____
Of Address (including postcode) _____
Telephone _____ Mobile _____
To act on our behalf in respect to this claim and be provided with information relating to the claim.

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Section A: All claims

Step 6: Previous claims history					
Have you made previous travel insurance or home and contents insurance claims? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes please complete the following information for your claims history for the past 5 years.					
Date of Claim	Name of Insurer	Claim Number	Details of Claim	Amount Claimed	Amount Paid
e.g. 15/12/2013	e.g other insurer	e.g. 5532651	e.g. Lost Iphone 6	e.g. \$900	e.g. \$800

Step 7: How to contact us
Phone: 1300 725 154
Fax: (07) 3305 7016
Email: travelclaims@allianz-assistance.com.au
Post: Locked Bag 3038, Toowong DC QLD 4066

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Section E: Luggage and Personal Goods

Claim checklist – in addition to the documents supplied in Section A please attach the following;
 Please note, if you do not submit all of the required documentation for your claim initially, your claim will not be processed

- Complete section E of this claim form
- Proof of ownership for original item (e.g. receipt, bank statement). **Please Note;** If you cannot provide a receipt or a bank statement for the original item please fill in the table below with the approximate purchase date and price of the item.
- Report made to police/hotel/airport or relevant authority for lost or stolen items
- If you have not yet lodged a claim through a carrier, airline, or other authority or individual for the loss or damage to your property please do so. **Please note;** the 1999 Montreal Convention imposes liability upon Airlines and you should claim from them first. If you have finalised all other claims please provide the details of the claim numbers and compensation amounts and attached all copies of any correspondence.
- Repair report if the item is damaged

Were all the missing/damaged articles owned by you? Yes No

If not please give details _____

Full Details of Articles Claimed	Store from where the item was originally purchased	Original date of purchase	Original purchase price	Amount claimed	Proof of purchase attached?
e.g. Billabong	e.g. City Beach Westfield	e.g. 13/12/13	e.g. 30/11/15	e.g. 50	e.g. Yes or No

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Section H: Rental Vehicle Excess claim

Claim checklist – in addition to the documents supplied in Section A please attach the following;
 Please note, if you do not submit all of the required documentation for your claim initially, your claim will not be processed

- Complete section G of this claim form
- Police report or Accident report from relevant authority
- Rental vehicle agreement (showing your rental vehicle excess)
- Itemised quote/repair invoice for the damages **Please Note:** it is essential that you provide the repair quote for your rental vehicle as the rental vehicle company will refund you the difference between you repair and your excess
- Receipt/proof of payment for the costs incurred

Excess you were liable to pay	Repair Cost	Compensation you have received	Amount you are claiming
e.g. 5000 EUR	e.g. 1500 EUR	e.g. 3500 EUR	e.g. 1500 EUR

Was the damage due to collision with another vehicle? Yes No

If yes, please complete the following table;

Name of and contact of third party	Address of third party	Registration number of third party	Name of third party insurer	Address of third party insurer
e.g. John Smith, 040	e.g. 74 High Street	e.g. 123 ABC	e.g. RACQ	e.g. 123 Smith Street

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Section M: Declaration

I DECLARE THAT:

- I will use my best endeavours and render all reasonable assistance and co-operation to Allianz Global Assistance in the assessment of my claim;
- The information supplied by me is true and correct and I have not withheld any information likely to affect the assessment of my claim;
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- I understand that by investigating my claim or by accepting proofs of my claim, Allianz Global Assistance has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy;
- A photocopy of this Declaration shall be considered as effective and valid as the original and I specifically authorise its use as such.

I APPOINT Allianz Global Assistance to do everything it deems necessary or expedient to investigate and assess my claim, including:

- To request and obtain information and documents from third parties (including my personal and sensitive information) which may be relevant to my claim;
- To release my personal information to third parties; and
- To execute and deliver any documents or do any other acts necessary to obtain information relevant to my claim.

I AUTHORISE any person, corporation, institution, private or government organisation, whether named by me or not, to disclose, release, and provide to Allianz Global Assistance such information about me in its possession or control as Allianz Global Assistance in its absolute discretion requests including (without limitation):

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my Health insurance claims history, including Medicare;
- any information about the facts and circumstances or incident giving rise to the claim or otherwise relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit, including but not limited to financial service providers;

FRAUD When making a claim, you have a responsibility to assist us and to act in an honest and truthful manner. If any claim is fraudulent in any way or if you or anyone acting on your behalf uses fraudulent means to make a claim under this policy, then no payment will be made in regard to the claim. You can help by reporting insurance fraud. All information will be treated as confidential and protected to the full extent under law. Report insurance fraud by calling 1800 453 937.

INTERNAL DISPUTE RESOLUTION Allianz Global Assistance provides an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme.

PRIVACY To assess and manage your claim, Allianz Global Assistance as agent for Allianz collects, uses, and discloses your personal information in accordance with its Privacy Policy which is available on request from us on 1300 725 154 or view it on the web at www.allianz-assistance.com.au under the Privacy & Security link.

For example, we collect your personal information from you and others such as (depending upon the nature of the claim) hospitals and medical centres, doctors, travel agents and brokers, to name a few. We disclose it to third parties (some of whom may be overseas) who assist us carry out our business activities such as to claims handlers, other insurers, travel agents and brokers, loss adjusters, investigators as well as others. For full details of our Privacy Policy as well as to make a complaint or to exercise your right to access, please contact us on 1300 725 154.

Signature of claimant

Date

Name of claimant

Signature of witness

Date

Name of witness

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Section N: Payment details

Payments within Australia:

Please provide your bank details below for a direct credit to your nominated bank account. **Please note** we **cannot** credit a credit card. If you do not provide the following details, we will post a cheque. If we are required to make a payment on your behalf no payment will be made until we have received a payment, from you, of any applicable excess.

Bank name: _____

Account holder: _____

BSB: -

Account number

International Payments:

Please note some countries require specific information for international transfers. If you do not provide all of the correct information for the international transfer this will delay any payments we make to you. Please contact your bank to confirm any information required.

Bank name: _____ Swift Code: _____

Bank Address: _____

IBAN: _____ Routing/BSB CODE: _____

Account number: _____ Account Name: _____

Beneficiary Address: _____

Beneficiary Phone Number: _____

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