Making a claim with your policy

What you need to do:

- Complete all relevant sections of this form in detail.
- Find required document list under each section.
- Refer to policy wording and Certificate of Insurance for any exclusions, conditions, or limits.
- Sign the declaration and provide bank details on pg 7.
- Submit your completed form via email or post:

Email:
claims@travelinsurancesaver.com.au

Postal Address:
PO Box 348
South Melbourne, VIC 3205
Australia

Need some help?
Phone: +61 3 8866 0788

1. You & your policy

Your Policy

1. Certificate of Insurance / Policy Number:

If you would like to talk to someone?

No ☐ › Go to Question 2

Yes ☐ › Give details below

If you contacted our 24/7 Assistance line please enter your reference number:

Your Details:

2. Title: **First Name:**

3. Last Name:

4. Date of birth (DD/MM/YYYY): / /

5. Preferred contact number:

6. Email Address:

7. Address:

State/Region: **Postcode:**

Nominated Authority

Please note: we may not be able to disclose information relating to this claim to anyone other than the claimant unless provided the authority to do so.

I authorise:

Individual to act as Nominated Authority:

Authority:

Address:

State/Region: **Postcode:**

Their date of birth: (DD/MM/YYYY) / /

Email:

Preferred contact number:

to act on my behalf in respect to this claim and to be provided with information relating to this claim.

2. Tell us what happened

Please provide an exact description of the events that caused you to make this claim.

When?

Date and time you were first aware of the loss, incident or need to change or cancel your trip:
(DD/MM/YYYY) (HH:MM)
/ / :

Where?

Town and Country (e.g. Paris/France):

Location (e.g. Hotel Reception):

What happened?

Please give a detailed account of what happened, how the incident occurred and how it impacted your trip:

Information about your trip

1. When was your first booking? (DD/MM/YYYY)
/ /
2. When was the first payment for your trip? (DD/MM/YYYY)
/ /
3. When was the last payment for your trip? (DD/MM/YYYY)
/ /
4. Were you travelling for:

☐ Holiday ☐ Business

For all claims we need your

☐ Proof of your travel dates (e.g. eTickets)

☐ Relevant Credit Card Statements where used to purchase travel arrangements

5. If you purchased any of your travel arrangements on your credit card please give details:

Credit Card Provider (e.g. National Australia Bank):

Card Type:

☐ Visa ☐ Mastercard ☐ Amex ☐ Other

Card Level:

☐ Standard ☐ Gold ☐ Platinum ☐ Other

If other, please specify in the box below:

3. What are you claiming for?

The next part of this form is divided into specific sections relevant to different claim types. Please complete only the section(s) applicable to your claim. Specific documents will also be required to support your claim,the the Checklists under each section will help guide you.

3.1- Trip Cancellation or Change / Trip Amendment / Additional or Other Expenses

Details of Cancellation or Change

1. Was the cancellation/change due to illness, injury or death?

☐ Yes › Go to Question 2

☐ No › Please advise reason:

2. If cancellation/change was caused by a person 2. please provide the following:

Name of person causing the trip to be cancelled:

Relationship to you:

3. Name of all people whose arrangements have been cancelled/affected:

4. Date Agent/Airline Notified (DD/MM/YYYY):

/ /

5. Total cancellation fee if trip was cancelled outright:

$

6. Additional amount paid:

$

7. Date trip was rebooked (DD/MM/YYYY):

/ /

If you lost Reward Points

8. Total amount of points used to purchase air ticket:

9. Did you pay any additional amount towards this air ticket?

☐ **Yes** ☐ **No**

$

10. Total amount of points refunded:

11. Total amount of points lost:

12. Date trip was rebooked (DD/MM/YYYY):

/ /

Documents Required

- ☐ **Booking conditions showing breakdown of all trip costs**
- ☐ **Documents confirming refunds provided by travel agency, tour company, airline, etc**
- ☐ **Proof of payment for expenses paid by you (e.g. receipts, credit card/bank statements showing payments made)**
- ☐ **Completed Medical or Death Certificate (where claim was due to medical reasons)**
- ☐ **Evidence of circumstances which impacted your trip (e.g., Letter from Transport Provider explaining the circumstances of the cancellation/refund/compensation, letter from employer)**
- ☐ **Airline tickets (including cost and points used)**

Additional Documents - Loss of Reward Points

- ☐ Reward statement showing total points used, any points charged as cancellation & any refund of points

Additional Documents - Additional or Other Expenses

- ☐ Evidence from the provider (Airline, Hotel, Bus company) explaining the circumstances of the expenses

Additional Documents - Resumption of Trip

- ☐ Revised booking confirmation, itinerary and invoice showing original and new booking
- ☐ Copy of return ticket used and unused
- ☐ Cancellation fees that would have applied had the original trip been cancelled in full

3.2- Luggage and Personal Effects

Your luggage includes your clothing and other personal belongings, including travel documents and things you buy during your trip.
Please note: as per your Product Disclosure Statement, some items may be subject to depreciation.

1. Are you claiming for:

☐ **Loss** ☐ **Theft** ☐ **Damage** ☐ **Delayed**

2. Date and time Loss/Theft/Damage/Delay was discovered:

(DD/MM/YYYY) (HH:MM)

___ / ___ / ___ ___ : ___

3. Who was it reported to?

☐ Police ☐ Airline/Carrier ☐ Tour Guide
☐ Hotel Management ☐ Other ☐ Not Reported

4. Name of police officer or relevant authority:

5. Job title/position:

6. Location:

7. Report number:

8. Date and time reported:

(DD/MM/YYYY) (HH:MM)

___ / ___ / ___ ___ : ___

9. If not reported, please explain why:

10. Have you claimed against your household insurance policy/private health fund for any of the items?

☐ No – not reported
☐ Yes – No cover available › Give details below
☐ Yes – Cover provided › Give details below

Name of insurer/fund:

Policy/Member number:

Amount paid by insurer/fund:

$

If your Luggage and Personal Effects were delayed

1. Your arrival date and time at destination:

(DD/MM/YYYY) (HH:MM)

___ / ___ / ___ ___ : ___

2. Date and time your luggage arrived:

(DD/MM/YYYY) (HH:MM)

___ / ___ / ___ ___ : ___

3. Have you made a claim against your carrier?

☐ No

☐ Yes › What compensation did the carrier pay you?

Amount: **Currency:**

Please note: if your luggage is delayed, lost or damaged while in the care of the carrier, they may have a responsibility to compensate you. It is therefore essential that you first claim compensation from the carrier and obtain and provide us with written confirmation of their response to your claim.

Documents Required

☐ **Proof of ownership of all items**

☐ **Repair quotes for damaged items**

☐ **Copy of notification to relevant authority made once loss, theft, damage or delay noticed (e.g., Carrier property irregularity report (PIR), Police Report, etc.)**

☐ **Original receipts for replacement items**

☐ **Boarding pass & baggage tags from the carrier**

☐ **ATM, bank, credit card statement or currency conversion slips showing withdrawal of funds**

☐ **Proof that IMEI number locked for mobile phones**

Additional Documents – Replacement of Travel Documents

☐ Receipts or invoice of original travel documents

☐ Receipts relating to the replacement of travel documents

Additional Documents – Delayed Luggage

☐ Proof of purchase for essential items

3.3- Rental Vehicle Insurance Excess

1. Name of vehicle hire company:
2. Name of person driving the vehicle:
3. Their date of birth: / /
4. Rental vehicle excess: Currency:
5. Actual repair costs: Currency:
6. Amount you are claiming: Currency:
7. Charge to return vehicle if unfit to drive: Currency:

Documents Required

- ☐ Rental vehicle agreement showing the excess you are liable for
- ☐ Receipts for excess payment
- ☐ Copy of Driver's License (front & back)
- ☐ Credit card statement showing payment of the excess
- ☐ Copy of repair quote/account
- ☐ Copy of rental vehicle accident/incident report

3.4- Medical and Dental Expenses

1. Name of ill/injured person:
2. Their date of birth: (DD/MM/YYYY) / /
3. Relationship to you (if not you):
4. Nature of illness/injury
5. Date first occurred (DD/MM/YYYY) / /
6. Name and address of Doctor/Dentist who treated illness/injury:
7. Place where Illness/Injury was treated:
8. Were they admitted to hospital? ☐ Yes ☐ No
9. Date and time admitted: (DD/MM/YYYY) / / (HH:MM) :
10. Date and time discharged: (DD/MM/YYYY) / / (HH:MM) :
11. Are you claiming for loss of income due to illness or injury? ☐ Yes. Go to question 12 ☐ No
12. Date due to return to work: (DD/MM/YYYY) / / (HH:MM) :

Documents Required – Medical and Dental Expenses

- ☐ Treating doctors report
- ☐ Hospital admission and discharge reports where relevant
- ☐ Letter from dentist with details of emergency treatment provided

Documents Required Loss of Income (Due to Injury)

- ☐ Doctors report detailing period unfit to work
- ☐ Centrelink advice of payment if you have an entitlement
- ☐ Written confirmation from your employer of the date you were scheduled to return to work
- ☐ Payslip for the 6 months prior to the departure of your trip (to allow us to confirm your average pay)

Expenses to be Claimed

Details of expenses	Date of expense	Supplier/Place of purchase	Currency	Amount	Refund received	Amount paid	Invoice attached
Example	DD/MM/YYYY	Example	USD	100.00	0.00	☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No

Payment Details & Declaration

Payment Details

Please provide your bank account details for payment:

Name of Bank

Account Holder's Name

BSB Number

-

Account Number

Privacy

Proclaim are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please refer to:
https://proclaim.com.au/proclaim-privacy-policy/

Additional Privacy Rights are provided in accordance with applicable laws.
Please ensure all information shared is accurate to avoid any delays.

Medical Authority and Declaration

- ✔ I understand that by investigating or accepting proof of my claim, Proclaim has made no acceptance of liability or waived any of its rights in defense of any claim arising under the policy.
- ✔ I declare that the information on this form and any attached documents is correct and complete, and that I have not withheld any information that could affect this claim.
- ✔ I agree to use my best endeavours and render all reasonable assistance and co-operation to Chubb in assessing my claim.
- ✔ I understand that my claim may be denied if the information provided is untrue or if I have not revealed all relevant facts.
- ✔ I authorise any hospital, physician, or person who has attended me to provide Proclaim with any information regarding my medical history, treatment, and related reports.
- ✔ I authorise any Employer, Insurer, Superannuation Fund, or other body through which I may claim similar benefits to provide Proclaim with all relevant information to enable assessment of my claim.
- ✔ I agree that a photocopy of this authorisation shall be considered as effective as the original.

Claimant's Name:

Claimant's Signature:

Date:

/ /