Mitsui Sumitomo Insurance Company, Limited
ABN 49 000 525 637
AFS Licence No.240816

Travel Insurance Claim Form

Please answer all questions and tick boxes where appropriate. Leaving a question blank will result in delays in setting your claim.

Step 1: About You and Your Policy

:: Policy Number

1. Policy Number (from Certificate of Insurance)

:: Personal Details

2. Family Name

3. Title

4. Given Names

5. D.O.B

6. Current Home Address

7. Suburb

8. State

9. Post Code

10. Postal Address (if different from above)

11. Home Phone

12. Work Phone

13. Mobile

14. Email

15. Preferred Method of Contact

☐ Telephone ☐ Mobile ☐ Mail ☐ Email

16. Your Occupation

17. Were you travelling for: ☐ Business ☐ Holiday

18. Did you purchase your travel arrangements on your credit card?

No ☐ ▶ Go to **19**

Yes ☐ ▶ Give details below

Credit Card Provider: (eg National Australia Bank)

Card Type: (eg VISA)

:: GST

19. Does this claim relate to your business?

No ☐ ▶ Go to **Step 2 on Page 2**

Yes ☐ ▶ Give details below

My entitlement for GST on my premium is:

%

My ABN is

Step 2: Description of Events

Please provide an exact description of the events that caused you to make your claim.
If you are making a claim for more than one incident you will only need to complete Step 1 once, and complete Steps 2 and 3 separately for each incident.

1. Town and Country (eg Como/Italy)

2. Location (eg Hotel Reception)

3. Date of Incident

/ /

4. Time (24hrs, eg 17:35)

:

5. Description - **This section MUST be completed in detail.**

Continue on a separate piece of paper if required

Step 3: What are you claiming for?

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 Checklist on page 8 will help guide you.

:: Trip Cancellation Charges/Holiday Deferment Costs/ Loss of Reward Points

Are you claiming for:

☐ Cancellation Charges ☐ Holiday Deferment Costs ☐ Loss Of Reward Points

1. Name of person causing the trip to be cancelled

2. Their Date of Birth

3. Relationship to you

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

5. Date Agent/Airline Notified

6. Date Trip Booked

7. Date of First Deposit

8. Date Final Money Paid

9. Total Amount Paid for Your Trip = $.
(Excluding Insurance)

Total Amount Refunded to You = $.

Amount of Claim = $.

10. Was the Cancellation/Deferment due to an Illness, Injury or Death?

No ☐ ▶ Complete questions 11 - 17 then go to **Checklist on Page 8**

Yes ☐ ▶ Complete questions 11 - 17 then go to **Medical Certificate on Page 7**

Supplementary Questions for Loss of Reward Points

11. Total amount of points used to purchase air ticket

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

No ☐ ▶

Yes ☐ ▶

$.

13. Total amount of points refunded

14. Total amount of points lost

Supplementary Questions for Deferment Costs Only

15. Total Cancellation Fee if trip was cancelled outright

$.

16. Date Trip Rebooked

17. Additional Amount Paid

$.

:: Delayed Luggage Claim

1. Your Arrival Date at Destination

2. Time (24hrs, eg 17:35)

5. What compensation did the carrier pay you?

6. Currency

3. Date Your Luggage Arrived

4. Time (24hrs, eg 17:35)

Please provide a list of the essential items purchased

Description of Items	Place of Purchase	Date Purchased			Purchase Price	Currency
Gillette Disposable Razors	*Booths*	15	08	07	*5.48*	GBP

:: Lost, Stolen or Damaged Luggage & Personal Effects Claim

Your luggage includes your clothing and other personal belongings. It also includes passports, visas, tickets and other documents.

1. Are you claiming for:

☐ Loss ☐ Theft ☐ Damage

2. Date Loss/Theft/Damage Discovered

/ /

3. Time (24hrs, eg 17:35)

:

4. Who was it reported to?

☐ Police ☐ Airline/Carrier ☐ Hotel Management ☐ Tour Guide ☐ Other

5. Name of Police Officer or Relevant Authority

6. Job Title/Position

7. Location

8. Report Number

9. Date Reported

/ /

10. Can this be claimed against your household insurance policy?

No ☐ ▶ Go to **11**

Yes ☐ ▶ Name of Insurer

Policy Number

Amount Paid by Insurer

$.

11. If you are claiming for spectacles, dentures, or a hearing aid, are these items claimable against your private health fund?

No ☐ ▶ Go to **12**

Yes ☐ ▶ Name of Fund

Membership Number

Amount Paid by Health Insurer

$.

PLEASE NOTE that 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.**

12. List all items you wish to claim for. *(Travel Documents to be listed on Replacement of Travel Documents table on Page 5).*

Description of Item with Brand Names	Place of Purchase	Date Purchased			Purchase Price	Currency	Has the item been replaced
Sony DKX258 Digital Camera	*Shap Cameras*	15	08	05	*$1,950.99*	AUD	☒ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No
							☐ Yes ☐ No

:: Loss Of Cash (Cover only available on certain Plan Types)

1. Date the Loss or Theft was Discovered

/ /

2. Time (24hrs, eg 17:35)

:

3. Name of Police Officer

4. Job Title/Position

5. Police Station

6. Report Number

7. Date Reported

/ /

8. Time (24hrs, eg 17:35)

:

9. Cash Amount

$.

10. Currency

:: Dentures And Dental Prosthesis Claim

1. Date the Loss/Theft/Damage was Discovered

2. Time (24hrs, eg 17:35)

6. Location

3. Who was it reported to: ☐ Police ☐ Airline/Carrier ☐ Hotel Management ☐ Tour Guide ☐ Other

7. Report Number

4. Name of Police Officer or Relevant Authority

8. Date Reported

5. Job Title/Position

9. List all items you wish to claim for.

Description of Items	Place of Purchase	Date Purchased	Purchase Price	Has the item been replaced
Dentures	*Smith St. Clinic*	*15 08 07*	*$895.00*	☒ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

10. Are these items claimable against your Private Health Fund?

No ☐

Yes ☐ Name of Fund | Membership Number | Amount Refunded $

:: Replacement of Travel Documents Claim

1. List all items you wish to claim for.

Replacement Documents	Date Replaced	Replacement Cost in Foreign Currency	Currency
Passport	*19 07 07*	*765.00*	GBP

:: Rental Vehicle Insurance Excess Claim

Type of Vehicle: ☐ Car ☐ Campervan ☐ Motorcycle ☐ Boat

1. Name of Vehicle Hire Company

2. Name of Person Driving the Car

3. Their Date of Birth

4. Rental Vehicle Excess $

5. Currency

6. Actual Repair Costs $

7. Amount You Are Claiming $

8. Currency

:: Additional Expenses Claim

1. List all items you wish to claim for.

Details of Expense	Date of Expense	Amount Claimed in Foreign Currency	Currency
Extra nights accommodation at the Hotel De Paris	*17 10 07*	*249.00*	GBP

:: Resumption of Trip Claim

1. Description of Additional Expenses to Return to Australia	Date of Expenses - From	Date of Expenses - To	Amount	Currency
Extra night accommodation at the Hotel De Paris	23 05 07	24 05 07	*$249.00*	EUR

2. Description of Additional Expenses to Resume your Trip	Date of Expenses - From	Date of Expenses - To	Amount	Currency
Air Canada Economy Class Ticket	15 06 07	15 06 07	*$1,273.64*	AUD

:: Loss of Income Claim Due To Injury

For Loss of Income Claims, please go to the **Checklist on Page 8** for Documentation Required

:: Medical and Dental Expenses Claim

1. Name of Ill/Injured Person

2. Their Date of Birth ☐☐/☐☐/☐☐☐☐

3. Relationship to You

4. Nature of Illness/Injury

5. Date First Occurred ☐☐/☐☐/☐☐☐☐

6. Was the 24 hour Assistance Service (OMEGA) contacted? ☐ Yes ☐ No

OMEGA Case Number (if known) =

7. Has the person been treated for this illness/injury or similar before?

☐ Yes ☐ No

If YES please give details below:

8. If an injury, did this occur whilst engaging in a snow sport activity?

☐ Yes ☐ No

9. Name and Address of Doctor/Dentist who treated illness/injury abroad

10. Country where Illness/Injury was treated

11. Were they admitted to hospital? ☐ Yes ☐ No

Date Admitted ☐☐/☐☐/☐☐☐☐ Time (24hrs, eg 17:35) ☐☐:☐☐

Date Discharged ☐☐/☐☐/☐☐☐☐ Time (24hrs, eg 17:35) ☐☐:☐☐

IMPORTANT: Except in the case of a minor illness or injury, the Medical Certificate on page 7 must also be completed by the ill or injured person's usual G.P. (Doctor/Dentist) in Australia. If you are not sure, send the claim form to us and we will let you know if a medical certificate is required, or alternatively give us a call.

12. List of Medical Expenses Incurred

Type of Service	Date of Consultation	Cost Incurred		Account Paid
X-Ray	27 10 07	*$135.00*	USD	☒ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

:: To be completed by the person whose illness/injury caused the claim

Medical Authority: With regards to MEDICAL EXPENSES/CANCELLATION/ADDITIONAL EXPENDITURE claims, I authorise any hospital, physician or other person who has attended me, to give my travel insurance company or its representative, any, or all information, with respect to any sickness or injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. I agree that a photostat copy of this authorisation will be considered as effective and valid as the original.

Name of Insured/Executor of the Estate | Their Date of Birth | Signature

:: General Practitioner/Dentist Medical Certificate

The Medical Certificate must be completed at the claimant's expense by the usual doctor/dentist (G.P.) of the person whose illness/injury/death caused this claim.

1. Name of Patient

2. Their D.O.B

3. Does he/she usually attend your practice?

No ☐ ▶ Go to **4**
Yes ☐ ▶ If so, how long?

4. Please provide a precise diagnosis of the illness/injury

5. Date of the onset of the illness or injury

6. Date on which you were first consulted for symptoms of illness/injury

7. Did you refer your patient to a specialist?

No ☐ ▶ Go to **11**
Yes ☐ ▶ If so, Name of Specialist

8. Address of Specialist

9. Date Referred

10. Date First Attended Specialist

11. Are you aware of referrals to any other Practitioners/Surgeon/Specialist?

No ☐ ▶ Go to **12**
Yes ☐ ▶ If so, please provide details

12. Is the medical condition described caused or exacerbated by, traceable to, or related to any recurring illness or condition?

No ☐ ▶ Go to **13**
Yes ☐ ▶ If so, please confirm dates of consultations over the past 12 months

i)
ii)
iii)
iv)

13. Please provide details of all medication that your patient was taking over the past 12 months (regardless of prescribing physician) and the relating condition.

Condition:
Medication:
Condition:
Medication:
Condition:
Medication:

14. Please give details of any chronic disease or illness or any physical defect or infirmity from which he/she suffers

15. Was your patient a member of the travelling party?

No ☐ ▶ Go to **16**
Yes ☐ ▶ How long was or will your patient be prevented from travelling?

From:
To:

16. Did your patient plan to travel against your prior advice? ☐ Yes ☐ No

17. Did your patient travel overseas for the purpose of obtaining medical treatment or advice for medical treatment?

No ☐ ▶ Go to **18**
Yes ☐ ▶ If so, please provide details

18. Please provide a printout of your patient history summary (if applicable)

I declare that I have examined the patient named above and/or have referred to their medical records and confirm that the information given is a true and correct statement.

Name of Doctor/Dentist (Please print)

Signature

Address

Suburb

State | Post Code

Phone:

Fax:

Step 4 - Document Checklist

The following checklist will help you assemble the documents required to support your claim. You may find it helpful to tick the boxes once you have completed each appropriate section. ***Please note we cannot accept claims that are incomplete***.

We cannot process your claim without the original documents. If you have misplaced your original documents or require assistance, please contact your issuing agent or tour operator in order to obtain original or duplicate copies. Please keep a copy for your reference.

For All Claims We Need Your

- ☐ Travel Insurance Policy Certificate
- ☐ Original Trip Itinerary

Trip Cancellation Claim

- ☐ Trip Refund Statement
- ☐ Booking Advice Showing Breakdown Of All Trip Costs
- ☐ Receipts Showing Payments Related To Trip
- ☐ Refund Notices From Airline/Wholesalers
- ☐ Booking Conditions Showing Cancellation Fees/Clauses
- ☐ Unused Vouchers/Wholesalers Invoices
- ☐ Death Certificate If Applicable
- ☐ Medical Certificate If Applicable
- ☐ Airline Tickets If Not Refundable

Loss of Reward Points Claim

- ☐ Original airline ticket with entire ticket sectors
- ☐ Reward statement showing total points used to purchase tickets and any points charged as cancellation and any refund of points

Luggage & Personal Effects Claim

- ☐ Proof of Ownership Of All Luggage And Personal Effect Items
- ☐ Repair Quotes For Damaged Items
- ☐ Loss Report From Police Or Relevant Authority
- ☐ Proof Of Compensation From Carrier
- ☐ Airline Tickets/Baggage Tags
- ☐ Airline Property Irregularity Report (PIR)
- ☐ Receipts For Essential Items Purchased
- ☐ Receipts For Replacement Items

Loss of Cash Claim

- ☐ ATM, Bank, Credit Card Statement or currency conversion slips showing withdrawal of funds
- ☐ Police Report made within 12 hours of loss

Dentures and Dental Prosthesis Claim

- ☐ Receipt for original item plus receipt for replacement item noting cause for replacement

Replacement of Travel Documents Claim

- ☐ Receipts For Replacement Of Travel Documents

Loss of Income Claim (Due to Injury Overseas)

- ☐ Doctors Report Detailing Period Unfit To Work
- ☐ Copies Of Your Last 3 Pay Slips, Or If Self Employed, A Copy Of Your Last Taxation Assessment
- ☐ Centrelink Advice Of Payment If You Have An Entitlement
- ☐ Written Confirmation From Your Employer Of The Date You Were Scheduled To Return To Work

Rental Vehicle Insurance Excess Claim

- ☐ Rental Vehicle Agreement
- ☐ Receipts for Excess Payment
- ☐ Relevant Credit Card Statement
- ☐ Copy of Repair Quote/Account
- ☐ Copy of Rental Vehicle Accident/Incident Report

Additional Costs Claim

- ☐ Receipts For Additional Expenses
- ☐ Confirmation From Carrier Verifying The Cause Of The Claim
- ☐ Booking Invoice Showing Original Pre-paid Arrangements

Resumption of Trip Claim

- ☐ Original Trip Booking Invoice itemising breakdown of costs for both original and New Booking
- ☐ Original and New Itinerary
- ☐ Copy of Return Ticket Used and Unused
- ☐ Booking Conditions that applied to original trip
- ☐ Cancellation Fees that would have applied had the original trip been cancelled in full
- ☐ Invoice and Receipt for new ticket purchase to resume journey
- ☐ Medical or Death Certificate of Relative who caused return to Australia

Medical/Dental Claim

- ☐ Original Medical/Dental Receipts
- ☐ Treating Doctors Report

Privacy

Mitsui Sumitomo Insurance co. ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complate in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise Mitsui Sumitomo Insurance Comapany Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured 1.		**Date**	/ /
Signature of insured 2.		**Date**	/ /

Please check that this form has been fully competed as any omissions may delay your claim.