

You must register any claim within 30 days after completion of your travel. We prefer if you lodge your claim with us digitally, either through our InsureandGo Website (<https://quote.insureandgo.com.au/policylogin.aspx>) or emailing us a scanned copy of this claim form along with a copy of documents requested.

Claimant Details		Claim Reference (if known)	
Title (Mr/Mrs etc)	Surname	Forename(s)	Date of Birth / /
Nationality		Occupation	
Medicare Number	Parent/Guardian's Medicare Number (If medical claim is for a minor)		
Home Address		Home Phone	
		Work Phone	
		Mobile	
State	Postcode	Email	

Policy Details			
Policy Number	Date Issued	Number in Party	
Independent Travel Arrangements: Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, provide the following *:		
*Travel Agent & Branch	*Tour Operator		
Date of Booking	Departure Date	Return Date	Total Days
/ /	/ /	/ /	
Country	Resort/Town		

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent the claim will be declined and Insurers will pursue recovery by the use of legal action.

I/We hereby declare that:

- All information and documents submitted for this claim are true and correct.
- Information on this form will be used by Europ Assistance Australia Pty Ltd (InsureandGo Australia) for my insurance which includes underwriting, claims handling, fraud prevention and could include passing to other insurers to access my previous claims history.
- We subrogate rights of recovery to Europ Assistance Australia Pty Ltd (InsureandGo Australia) and also consent to them seeking reimbursement of any medical expenses paid by them.

For medical related claims:

4. This is an Authority by me for any doctor, hospital, insurer, other organisation or person having any records or information concerning my medical history/treatment to furnish records/information as may be requested by Europ Assistance Australia Pty Ltd (InsureandGo Australia) or their agents. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

I have read and fully understand the declarations above (ALL persons claiming must sign below)

#### Privacy Statement & Consent

I have read, understood and agree with the Privacy Statement below

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be collected, held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers, or as required or authorised by law.

Your personal information may be disclosed to entities and parties located overseas, including Spain, United Kingdom and the Philippines. Your personal information may also be disclosed to entities and parties in the countries and regions nominated under your insurance policy, or any other regions where you may require assistance.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [www.insureandgo.com.au/privacy-policy.html](http://www.insureandgo.com.au/privacy-policy.html) or contact us at [info@insureandgo.com.au](mailto:info@insureandgo.com.au).

Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /
Claimant's Name	Signature	Date of Birth	Date
		/ /	/ /

**Ski Equipment Claims**

Please provide details of lost, stolen, damaged or destroyed ski equipment:

Ref	Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase price	Office use only
Total Claimed							

**Ski Hire Claims** (if ski equipment was hired due to your own equipment being lost, damage or delayed, please provide details)

Please provide details of the circumstances giving rise to this claim

	Ski school fees	Ski/Snowboard/Boot Hire	Lift pass
Cost			
Start date			
End date			
Number of days lost			

**Piste Closure Claims** (if you were unable to ski due to the piste at your pre-booked resort being closed due to lack of snow or adverse weather conditions please provide details)

 Piste was closed: Date  /  /  Time   AM / PM

 Piste was reopened: Date  /  /  Time   AM / PM

 Were expenses incurred or an alternative site available: Yes  No  *If yes, advise cost of transport to an alternative site below*

Ref	Description of expense	Date incurred	Cost	Currency	Office use only
Total Claimed					

Documents You Need to Send Us - **PLEASE NOTE WE DO NOT REQUIRE YOU TO POST YOUR ORIGINAL DOCUMENTS TO US.** Scanned copies sent digitally to us will do, either through email or uploaded when claiming on our website. Please keep all original claim forms, receipts and damaged items as evidence, as we may request for further evidence. If you choose to post your documents to us, please register your post to ensure delivery.

- Original evidence to show your dates of outward and return travel, (booking invoice, travel tickets, itinerary etc.)
- A police report, if your property was lost or stolen other than whilst in the custody of a carrier.
- If your claim is for property lost, stolen or damaged whilst in the custody of a carrier please forward the report issued by the carrier or their agent, written confirmation that no payment has been issued to you and all used travel tickets and baggage tags.
- Damage claims only** - please provide an estimate for repair. If the item is damaged beyond repair we require written confirmation from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to our offices.
- For all Ski Equipment Claims** - please provide pre-loss supporting documentation in the form of receipts or visa/bank statements showing the purchase of the items.
- Ski hire claims** - receipts for hire expenses incurred, if your claim is a result of a delay by a carrier please provide a copy of their report and their written confirmation of the date and time that you received your equipment.
- Ski pack claims** - provide written confirmation from the treating physician in resort that you were unfit to ski and evidence of the pre-paid expenses for which you are claiming eg. receipts or ski pass.
- Piste closure claims** - written confirmation from the resort or your tour rep of the circumstances giving rise to the claim and if an alternative site was available receipts for transport expenses incurred in travelling there.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.  
**Important** - please number all receipts for expenses incurred or pre-loss supporting documentation and put the number in the column headed 'Receipt No.' when completing the 'Medical Expenses' section above.

## Delayed ski equipment claims only

 Arrival in resort: Date  /  /  Time  AM  
PM Equipment received: Date  /  /  Time  AM  
PM

 How long was your equipment delayed 

 Has compensation been received from the carrier: Yes  No  *If so, please provide documentation of this*  
 If no compensation received, please state:

 Flight No  Flight Date  /  /  PIR or Airline Ref No 

## Loss, Theft or Damage claims only

 Loss, theft, damage discovered: Date  /  /  Time  AM  
PM

 Place of incident (country and resort/town) 

Was the incident reported to the:

 Police: Date  /  /  Time  AM  
PM

 Carrier: Date  /  /  Time  AM  
PM

 Detail below the full circumstances surrounding the incident and the precautions taken to protect your property  
*(continue on separate sheet at the end of the form if necessary)*


 Where were the items at the time of the loss, theft or damage 

 What action(s) did you take to attempt to recover your property? Was the incident reported to any other authority eg. your holiday rep, rental car company or hotel etc? Please provide full details and a copy of their report if obtained, together with any other relevant information  
*(continue on separate sheet at the end of the form if necessary)*


## All Claims

Do you or anyone else claiming have any other insurance which may cover this trip. eg. Travel Insurance with your bank/credit card account, tour operator/ travel agent etc.

 Yes  No  *If yes, please supply the following details*

 Company/Insurer's name and address 

 Policy Number 

 Has the claim been submitted to any other party (other insurer, airline, carrier etc): Yes  No  *If yes, please give details below*

 Company name and address 

 Reference Number 

## Bank Details

Should InsureandGo need to reimburse you we require your bank details as follows:

 Name of Account Holder 

 BSB  Account number

