

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
		/ /	/ /



## Third Party Contact Details

Please provide all third party contact details

## Other Insurances

 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 or home contents insurance etc) *NB (a contribution payment is normal practice where 2 policies cover the same loss)*

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

Company name and address

 Policy No 

 Has a claim been submitted to any other company for this incident: Yes  No   
 Please provide details

 Method of payment for the trip: Cash  Cheque  Credit/Debt Card  Reward points/Airmiles 

If a Credit/ Debt card was used to pay all or some of the trip cost, please state:

Name of card supplier	Card type

## All Claims

 Have you made any previous claims on this type of insurance: Yes  No  *If yes, please provide details*  
 (continue on separate sheet on page 2 of the form if necessary)

## Bank Details

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

 Name of Account Holder 

 BSB  Account number