

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for your claim, and send by registered post to ensure delivery.

Claimant Details **Claim Reference** (if known)

Title (Mr / Mrs etc)	First Name	Surname	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>
Nationality	Occupation		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Medicare Number	Parent / Guardian's Medicare Number <i>(If medical claim is for a minor)</i>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Home Address	Home Phone		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
	Work Phone		
	<input style="width: 100%;" type="text"/>		
	Mobile		
	<input style="width: 100%;" type="text"/>		
State	Postcode	Email	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Policy Details

Policy Number	Date Issued	Number of Travellers
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text"/>
Independent Travel Arrangements:	<i>If no, provide the following*:</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		
*Travel Agent and Branch	*Tour Operator	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Date of Booking	Departure Date	Return Date
<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>
Country	Resort / Town	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

I DECLARE THAT:

- ▶ I will use my best endeavours and render all reasonable assistance and co-operation to Auto & General Insurance Company Limited 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, Auto & General Insurance Company Limited 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 Authorisation shall be considered as effective and valid as the original and I specifically authorise its use as such
- I appoint Auto & General Insurance Company Limited to do everything necessary or expedient to:
- ▶ give effect to the transactions contemplated by the authorisations described; and
 - ▶ execute and deliver any other documents or do any other acts referred to in the transactions described.
- I authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as Auto & General Insurance

Company Limited in its absolute discretion considers relevant for its assessment of initial or ongoing benefits or my claim 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 in relation to my assets, liabilities, earnings, salary or wages (at any time);
- ▶ any information from third persons who may have information relevant to my eligibility to receive benefit, or my entitlement to receive an ongoing benefit

Privacy Statement

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this claim will be held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes.

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 providers, investigators, our specialist advisors, service providers, or as required by law. Your personal information may also be disclosed to third parties in the countries and regions nominated under your policy, or any other regions where you may require assistance. For further information please see our privacy policy or email us at travelhelp@budgetdirect.com.au.

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 (Name)

of (Address) Postcode

Phone Mobile Date of Birth

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

Claimant's Name	Signature	Date of Birth	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>
Claimant's Name	Signature	Date of Birth	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="/ /"/>	<input style="width: 100%;" type="text" value="/ /"/>

Curtailment Details

Date of scheduled return / /

Number of days booked

Actual return date / /

Number of days unused

If your trip was shortened due to a person who was not travelling with you, please state their name and relationship to you:

Name Relationship

Was any attempt made to revalidate or use your original tickets: Yes No

If yes, were you successful in your attempts: Yes No

If no, please provide an explanation as to why no attempt was made to revalidate your tickets (continue on a separate sheet at the end of the form if necessary)

Names and ages of all those shortening their trip:

Name Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Name Date of Birth / /

Did you contact Budget Direct: Yes No

If no, please explain below:
(continue on a separate sheet at the end of the form if necessary)

First call: Date / / Time AM PM

Name of person spoken to Reference No

Please detail the reasons for shortening the trip (continue on a separate sheet at the end of the form if necessary)

Please list each receipt / bill separately in the table below. Claims will be converted to Australian dollars using the currency rate applicable at the date and time the expenses were incurred.

Date of Expense	Description of Expense	Amount	Date of Original Plan	Description of Original Cost	Amount
e.g. 24/07/07	e.g. Hotel in Paris	e.g. EUR 100	e.g. 24/07/07	e.g. Flight to Munich	e.g. EUR 75

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

- Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc. and a full breakdown of the total holiday cost.
- All unused and used travel tickets, itineraries etc.
- Original evidence of all additional travel expenses.
- If the trip is cut short due to a medical condition, including death of someone, the attached medical certificate should be completed by the usual GP of the individual whose condition has caused the submission of this claim.
- If shortening the trip was due to injury or illness of a person travelling on the trip, please provide written confirmation from the relevant overseas physician to confirm the medical necessity of the trip being shortened.
- If trip being shortened is due to a death, we require a certified copy of the death certificate. In addition, if the deceased was an insured person, we require a copy of the Grant of Probate of Letters of Administration issued in respect of the deceased's estate.
- If this claim is being submitted as a result of an injury please provide a full description of the incident leading to the injury, if a third party was involved please provide their details and those of their insurer if available.
- If the trip being shortened is for a reason other than those detailed in points 4 and 5 please forward independent written evidence of the incident or circumstances.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Please return this claim form to:

Budget Direct Travel Insurance, Locked Bag 3018, Toowong DC, QLD 4066

Other Insurance

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 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 Number

Has a claim been submitted to any other company for this incident: Yes No *If yes, please provide details:*

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

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

Name of card supplier	Card type

Bank Details

Should Auto & General Insurance Company Limited need to reimburse you we require your bank details.

Name of Account Holder

BSB Account Number

GST (for domestic policy claims only)

Are you registered for GST and did you claim a GST input tax credit on your premium? Yes No If yes, what is your input tax credit entitlement percentage: *(i.e. a full entitlement is 100%)*

Additional space to continue any questions necessary