

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality	Occupation		
<input type="text"/>	<input type="text"/>		
Home Address	Home Phone	<input type="text"/>	
<input type="text"/>	Work Phone	<input type="text"/>	
State	Postcode	Mobile	<input type="text"/>
<input type="text"/>	<input type="text"/>	Email	<input type="text"/>

Policy Details			
Policy Number	<input type="text"/>	Date Issued	<input type="text"/> / <input type="text"/> / <input type="text"/>
Independent Travel Arrangements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, provide the following*:
*Travel Agent and Branch	<input type="text"/>		
*Tour Operator	<input type="text"/>		
Date of Booking	Departure Date	Return Date	Total Days
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Country	Resort / Town		
<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Claimant's Name	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Baggage Delay Claims Only

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

How long was your luggage delayed? Has compensation been received from the carrier: Yes No
(If yes, please provide evidence of this)

Flight Number Flight Date / / Booking Reference Number

Loss, Theft or Damage Claims Only

Where and when did the loss, theft or damage occur?

Loss, theft or damage discovered:
 Date / / Time AM PM Place of Incident (country, resort, town)

Was the incident reported to:
 Police: Date / / Time AM PM Reference number

Carrier eg. Airline: Date / / Time AM PM Reference number

Detail below the full circumstances surrounding the incident and the precautions taken to protect your property

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

Loss and theft claims only: What action 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.

Have you or anyone else claiming made any previous claims for personal effects or money: Yes No *If yes, please give full details below:*

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:*

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 (booking invoice, travel tickets, itinerary etc.).
- A police report, if property was lost or stolen other than whilst in the custody of an airline.
- If the claim is for property lost, stolen or damaged whilst in the custody of an airline, please forward the report issued by the airline or their agent, written confirmation from the airline that no payment has been issued to you and all used travel tickets and baggage tags.
- For all personal possession claims, please provide pre-loss supporting documentation in the form of receipts or visa / bank statements showing the purchase of the items claimed for. Please also forward the manuals and guarantee documentation for any watches, cameras or other electrical or electronic goods.
- 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
- Cash claims only** – we require pre-loss supporting documentation in the form of Bank or Building Society statements, currency exchange slips etc.
- Luggage delay claims only** – receipts for necessary purchases of clothing and toiletries and the airlines confirmation of the incident and the date and time your luggage arrived.
- Loss of passport / travel document claims only** - receipts for travel, accommodation and communication expenses to obtain a replacement passport or travel document. Please ensure you advise the expiry date of the lost / stolen passport on this form.

Details of damaged, stolen, destroyed or lost Personal Effects *(continue on a separate sheet at the end of the form if necessary)*

Please provide full details of each item claimed for. For cameras give make and model number, lens details etc. For watches give make, model, nature and quality of metal from which the case was made, type of strap, number of jewels etc. For jewellery give nature and quality of the metal content, size and type of stones etc. Purchase receipts and valuations must be provided wherever possible.

Ref	Description of item	Owner	Where purchased	Date acquired	Purchase method <i>(card, cash etc)</i>	Purchase price	Office us only
Total Claimed							

Please indicate if you took out the E2 Additional specified items cover for the items you have listed above Yes No

Please indicate whether any of the items are specifically insured elsewhere (if so please indicate which items): Yes No

Details of damaged, stolen, destroyed or lost money. *Currency exchange slips or bank statements showing the withdrawal of the cash claimed must be provided. (continue on a separate sheet at the end of the form if necessary)*

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office us only
Total Claimed							

Loss of passport / travel documents claims only – detail the expenses you incurred in obtaining a replacement passport or travel document
(continue on a separate sheet at the end of the form if necessary)

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office us only
Total Claimed							

Baggage delay claims only *(continue on a separate sheet at the end of the form if necessary)*

Ref	Owner	Description of Item	Date	Cost	Currency A\$	Date of expiry of original passport	Office us only
Total Claimed							

IMPORTANT NOTE: THIS POLICY IS AN INDEMNITY POLICY WHICH WILL RESTORE THE SITUATION TO WHAT IT WAS AT THE TIME OF LOSS. This means settlement is calculated at the value at time of loss, after deduction for age, wear, tear and depreciation.

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