

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 <i>(if known)</i>	
Title <i>(Mr / Mrs etc)</i>	First Name	Surname	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value=" / /"/>
Nationality	Occupation		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Medicare Number	Parent / Guardian's Medicare Number <i>(If medical claim is for a minor)</i>		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Home Address	Home Phone	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>	
State	Mobile	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>	
Postcode	<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>			

Policy Details			
Policy Number	Date Issued	Number of Travellers	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text"/>	
Independent Travel Arrangements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If no, provide the following*:</i>
*Travel Agent and Branch	*Tour Operator		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Date of Booking	Departure Date	Return Date	Total Days
<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text"/>
Country	Resort / Town		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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](mailto: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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text" value=" / /"/>
Claimant's Name	Signature	Date of Birth	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value=" / /"/>	<input style="width: 95%;" type="text" value=" / /"/>

**Personal Accident, Personal Liability and Legal Expenses**

Type of claim: Personal Accident

Personal Liability

Legal Expenses

**Additional space to continue any questions necessary**

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

**Personal Accident Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us a full account of the circumstances leading to the accident and the injuries sustained, including details of any witnesses or third parties involved in the incident.
3. Please provide the details of your regular general practitioner and any specialists from whom you have received treatment and your written confirmation that we may contact them for further information.

**Personal Liability Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Send us ALL correspondence received from any third party – DO NOT ANSWER CORRESPONDENCE
3. Provide a fully detailed account of the incident, including damage, injuries and names and addresses of any witnesses or third parties involved (continue on a separate sheet if necessary).

**Legal Expenses Claims**

1. Original evidence to show your dates of outward and return travel, eg booking invoice, travel tickets, itinerary etc.
2. Provide a fully detailed account of the incident, including damage, injuries and names and addresses of any witnesses or third parties involved (continue on a separate sheet if necessary).
3. Please provide details of your registered medical practitioner and any specialists from whom you have received treatment, together with your written consent to contact them for further information.
4. Send us ALL correspondence received from any third party – DO NOT ANSWER CORRESPONDENCE

**Special Note:** Do not under **ANY** circumstances talk or write to any person regarding the incident, as this **WILL** invalidate your claim.

**Third Party Contact Details**

Please provide all third party contact details

**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%)